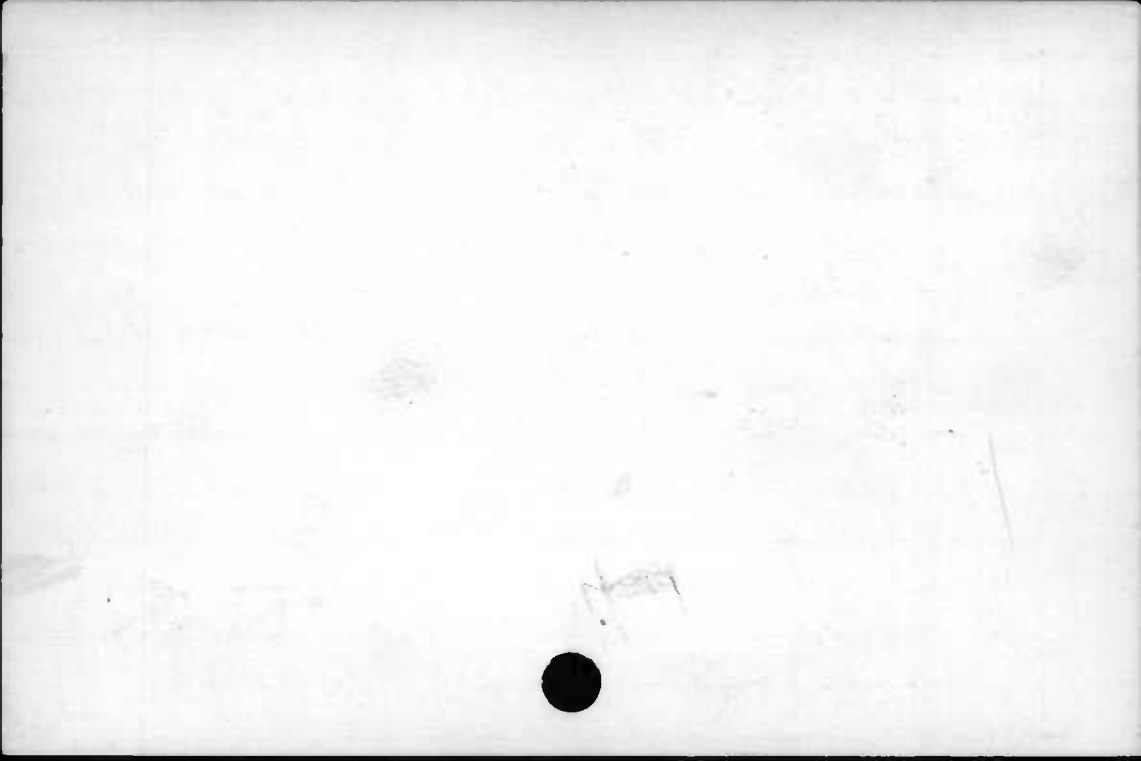


Name in Full		Mary Francis Baley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Town</i> <i>Jernioutown</i>		County <i>Anne Arundel</i>		MARYLAND	
		Date of death <i>1906</i> <i>Aug</i> <i>12</i>		Age <i>4</i> <i>Years</i> <i>12</i>		Months <i>4</i> <i>Days</i> <i>12</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Jernioutown</i>	
		Occupation _____		Where Residing if not at place of death _____			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
		Father's Name <i>William C. Baley</i>		Fether's Birthplace <i>Carey P. A.</i>			
Mother's Maiden Name <i>Mary F. Jones</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Wm C Baley</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Marasmus</i>		How long <i>Since Birth</i>			
		Immediate <i>Exhaustion</i>		How long <i>Gradual</i>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>			
		<i>Yes</i>		Address <i>Annapolis</i>			
		Accident or Suicide?					



Name

In
Full

CERTIFICATE OF DEATH

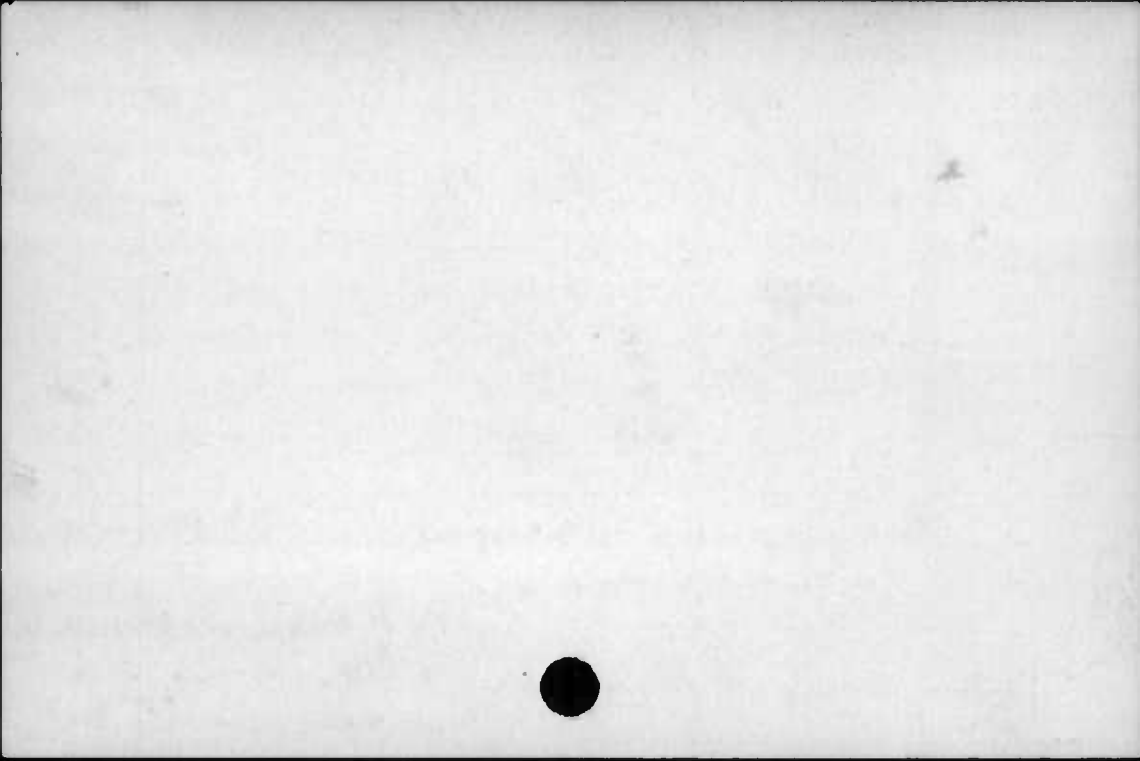
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Ch</i>		MARYLAND	
Date of death	1906	Month	Aug	Day	13	Age	Years
Sex	Male	Color or Race	White	Birth-place		Months	Days
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John J. Basil				Father's Birthplace	
Mother's Maiden Name		Elizabeth P. McKnew deceased				Mother's Birthplace	
Name of person giving information		John J. Basil				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	2 weeks
Immediate	Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		M. C. Bennett (illegible)	
Address		P.O. John St., Annapolis Md.	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

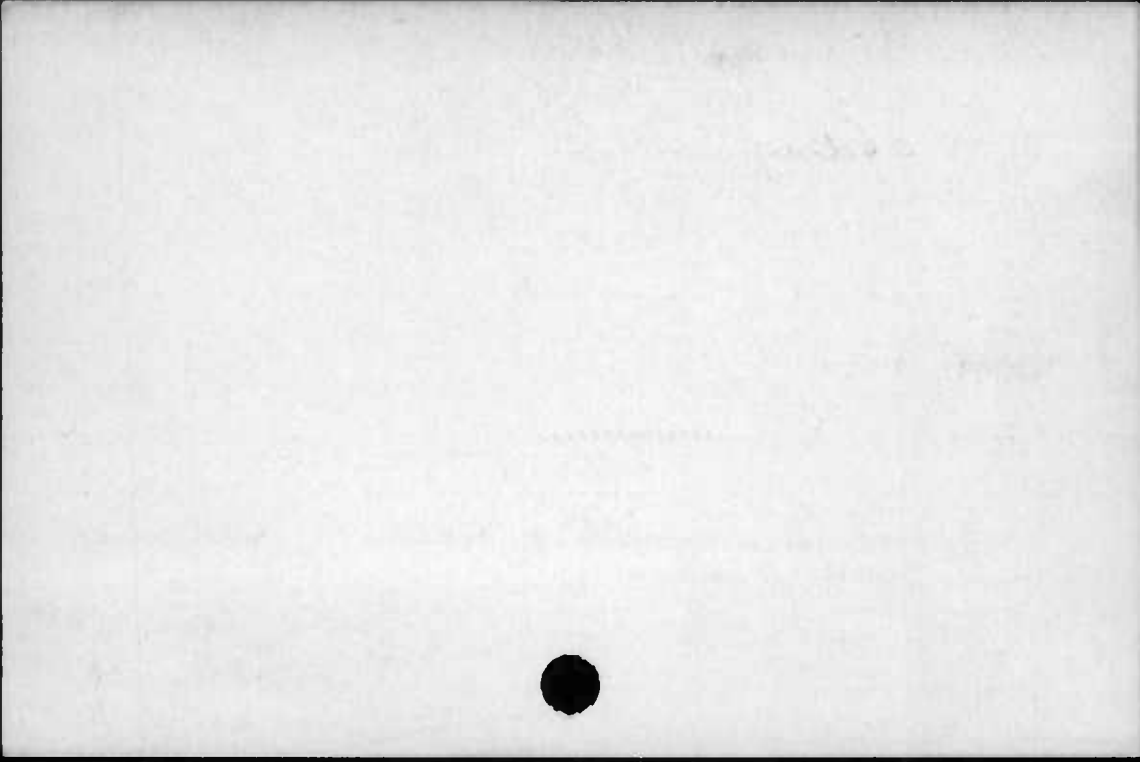
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Ca</i>		MARYLAND	
Date of death	<i>1905 Aug</i>	Month	<i>9</i>	Day	<i>20</i>	Years	<i>4</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birthplace	<i>Annapolis Md</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>John T Basil</i>				
Father's Name	<i>Thomas B Mc New</i>				Father's Birthplace	<i>Annapolis Md</i>	
Mother's Maiden Name	<i>Lillie Basil</i>				Mother's Birthplace	<i>Annapolis Md</i>	
Name of person giving information	<i>Thomas B Mc New</i>				How related to deceased	<i>Brother</i>	

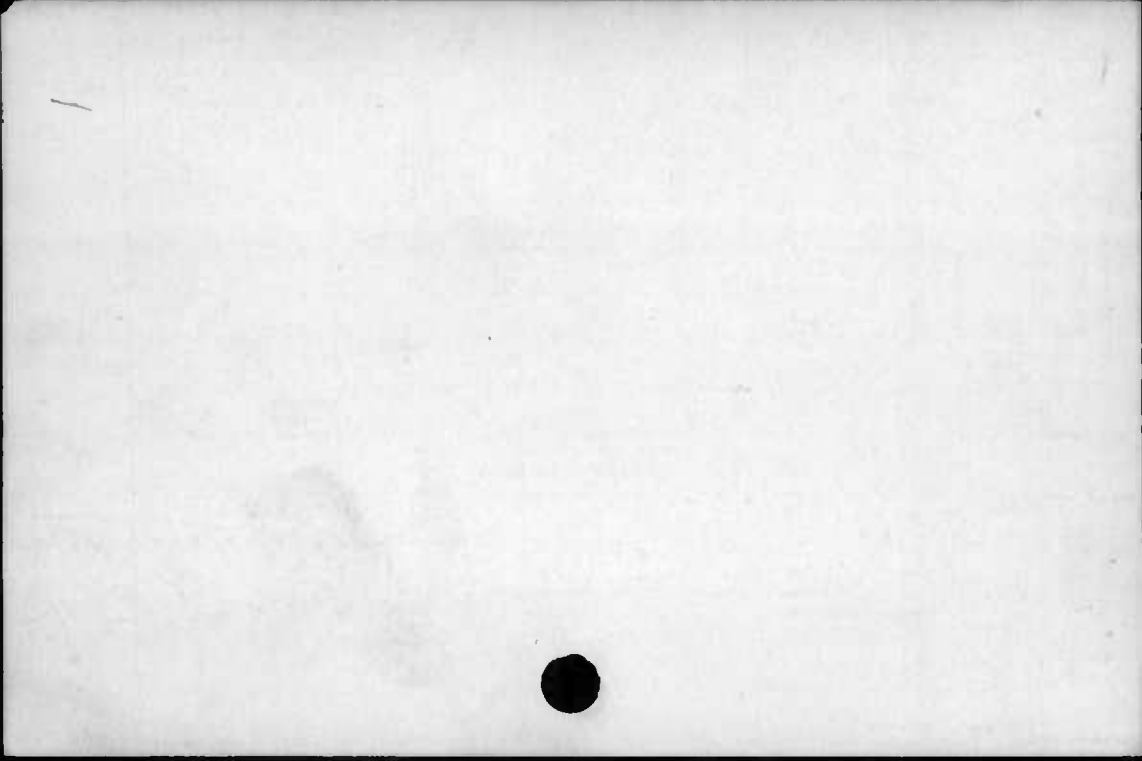
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pernicious Remittent Malaria</i>	How long	<i>See doc</i>
Immediate	<i>rice Fever</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. Cement Claude M.D.</i>
		Address	<i>9 St. John St. Annapolis, Md.</i>
Accident or Suicide?	<i>_____</i>		



Name in Full		Town		County		CERTIFICATE OF DEATH	
Bengamon Bias		Annapolis		N. C.		MARYLAND	
Died at		Date of death		Age		Months Days	
1906 Aug 3		3		3			
Sex male		Color or Race Colored		Birthplace Annapolis			
Occupation		Where Residing if not at place of death		140 South St			
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name James Bias		Father's Birthplace Annapolis Md					
Mother's Maiden Name Alice Harris		Mother's Birthplace Annapolis					
Name of person giving information Alice Bias		How related to deceased Mother					
CAUSES OF DEATH							
Primary Nephritis		How long Since months					
Immediate Heart Failure		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout M.D.					
yes		Address Annapolis					
Accident or Suicide?							



Name
in
Full

Luella Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maynards</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Aug</i> ^{Month}	<i>5</i> ^{Day}	Age ^{Years}	<i>3</i> ^{Months}	^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>a. a co md</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>William H Boyer</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Christiana Curry</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Wm H Boyer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>meningitis</i>	How long <i>1 day</i>
Immediate <i>convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Cramer md</i>
	Address <i>Armyer md</i>
Accident or Suicide? <i>.</i>	



Name
in
Full

Enos Thomas Brewer

CERTIFICATE OF DEATH

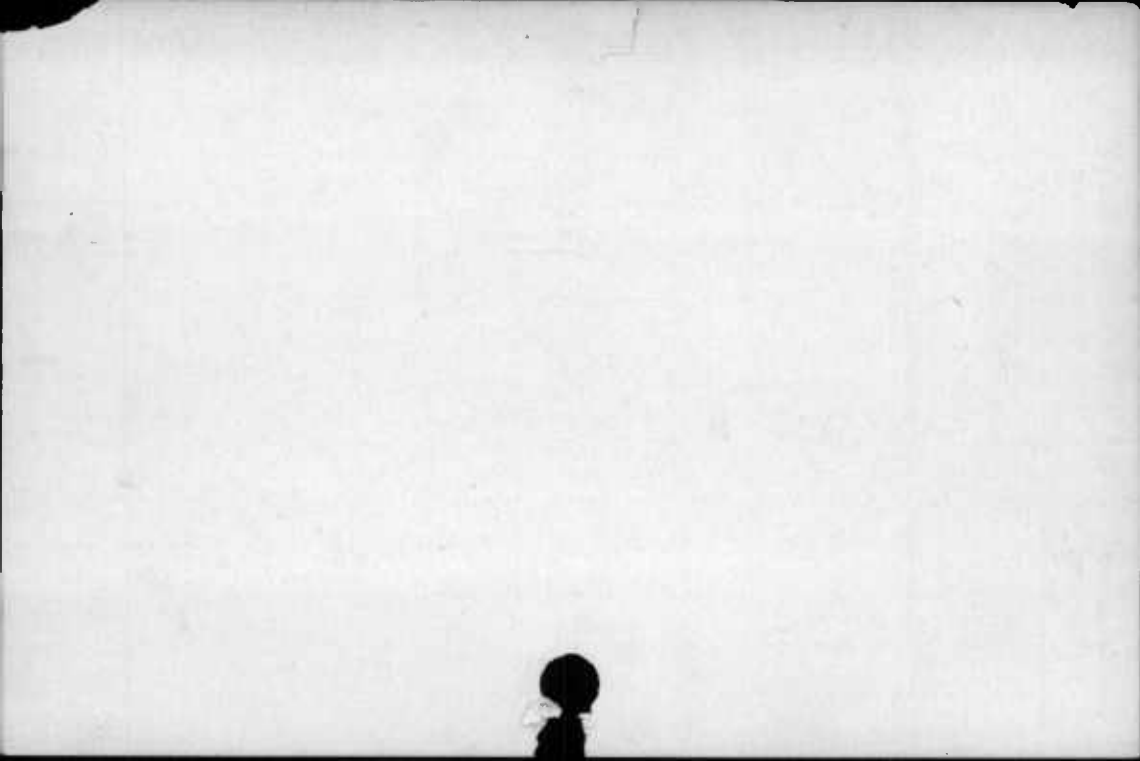
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} East Port		^{County} Anne Arundel		MARYLAND	
Date of death	1906	Month	Aug	Day	28
Age		66		Years	
Sex	Male	Color or Race	White	Birth-place	Annapolis
Occupation	Bricklayer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Patty Rodisley		
Father's Name	Thomas Brewer			Father's Birthplace	Annapolis
Mother's Maiden Name	Annie Robinson			Mother's Birthplace	Annapolis
Name of person giving information	Thomas Brewer			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inflammation of Liver	How long	5 Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Geo Wells M.D.	
Address		Annapolis Md	
Accident or Suicide?			



Name
in
Full

John James Shile Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>German Town</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1906	Month	Aug	Day	12
Age		Years		Months	4
Sex		Male		Color or Race	White
Occupation				Birth-place	Annapolis
Where Residing if not at place of death					
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name		John H. Brown		Father's Birthplace	Annapolis
Mother's Maiden Name		Annie Eccles		Mother's Birthplace	Washington DC
Name of person giving information		John H. Brown		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis	How long	6 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

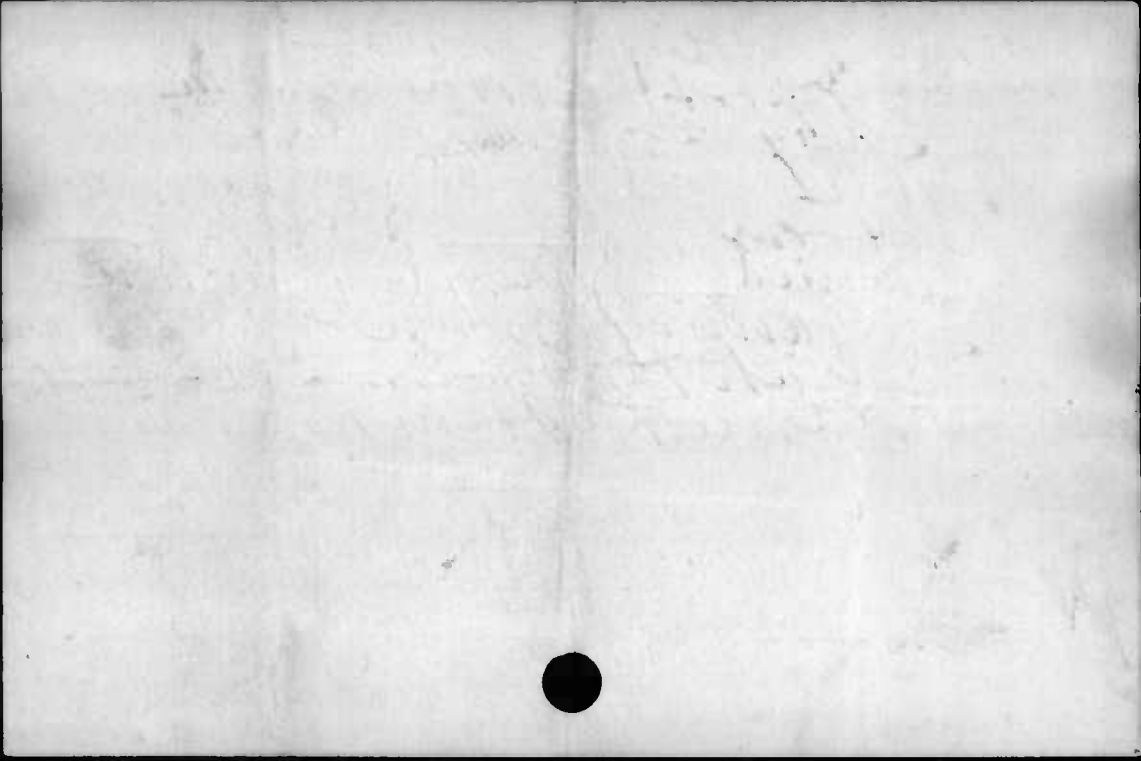
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eastport</i> Town <i>Eastport</i> County <i>Anne Arundel</i> MARYLAND	
Date of death <i>1906</i> Month <i>May</i> Day <i>23</i> Age <i>23</i> Years Months Days	
Sex <i>Female</i> Color or Race <i>Colored</i> Birth-place <i>A also.</i>	
Occupation <i>Laundry</i> Where Residing If not at place of death <i>Eastport</i>	
Married, Single or Widowed <i>Married</i> Name of Wife or Husband <i>Mary E. Brown</i>	
Father's Name <i>Benjamin Brown</i> Father's Birthplace <i>A also.</i>	
Mother's Maiden Name <i>Sarah Bond</i> Mother's Birthplace <i>A also.</i>	
Name of person giving information <i>Arresta Harris</i> How related to deceased <i>friend</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i> How long <i>6 weeks</i>	
Immediate <i>Hemorrhage Pulmonic</i> How long <i>3 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>R. P. Keesee</i>
	Address <i>60 Cathedral St. Annapolis Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Maria Louise Brown*

Died at *Churchton* ^{Town} *R.A.* ^{County}

Date of death *1906* ^{Year} *Aug* ^{Month} *14* ^{Day} Age *—* ^{Years} *4* ^{Months} *23* ^{Days}

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Brown* Father's Birthplace *Ind*

Mother's Maiden Name *Rebecca Froot* Mother's Birthplace *Ind*

Name of person giving information *John Brown* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Congenital Syphilis* *(30)* How long *4 Months*

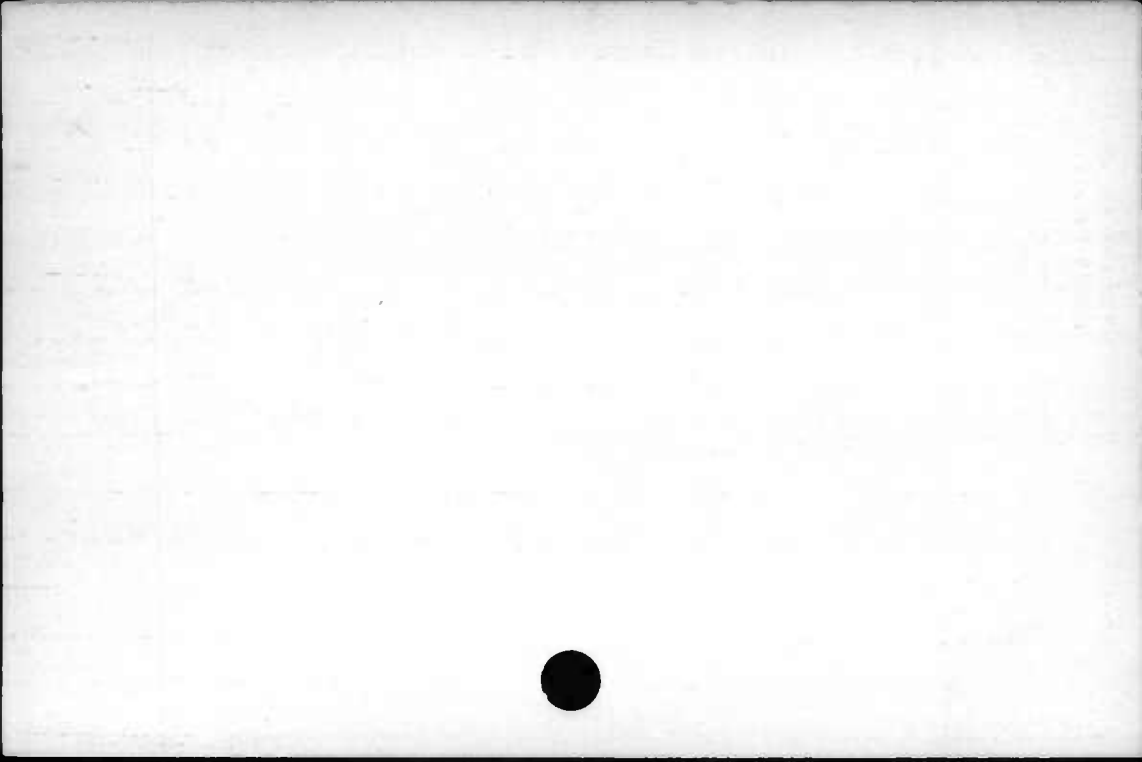
Immediate *Convulsions* How long *one day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. T. Smith*

Address *Churchton*

Accident or Suicide? *—*



Name
In
Full

Wilhelmine Ester Bufflapp.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month}	<i>aug</i> ^{Day}	<i>19</i> ^{Years}	<i>4</i> ^{Months}	<i>2</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birthplace	<i>Annapolis</i>	
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name	<i>Wollman E. Bufflapp</i>			Father's Birthplace	<i>York Pa</i>
Mother's Maiden Name	<i>Blewna Y. Hancock</i>			Mother's Birthplace	<i>N.C.</i>
Name of person giving information	<i>W. E. Bufflapp</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

1150

PHYSICIAN
OR CORONER

Primary	<i>Gastritis + Pyloric Stenosis</i>	How long	<i>2 mos</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Oliver Purvis</i>	
		Address	
		<i>Annapolis</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

Edner Carrs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Margarets</i>		Town <i>St Margarets</i>		County <i>Prince Anne</i>		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>Aug</i>	Day <i>9th</i>	Age <i>13</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>3rd A.A. Co</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jefferson Carr</i>				Father's Birthplace <i>3rd A.A. Co</i>			
Mother's Maiden Name <i>Carrie Calbert</i>				Mother's Birthplace <i>3rd A.A. Co</i>			
Name of person giving information <i>Samuel S. Calbert</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fevers</i>	<i>(1)</i>	How long <i>3 Weeks</i>
Immediate <i>Exhaustion</i>		How long <i>3 Hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. D. Ridout M.D.</i>
		Address <i>St Margarets</i>
		<i>a. a. l. co.</i>
Accident or Suicide? <i>—</i>		



Name in Full		Town		County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Seale</u>		<u>U A</u>		MARYLAND		
		Date of death <u>1906</u>		Month <u>Aug</u>	Day <u>19</u>	Age <u>—</u>	Months <u>—</u>	Days <u>9 hours</u>
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Seale Md</u>		
		Occupation <u>None</u>			Where Residing If not at place of death <u>—</u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>				
		Father's Name <u>John Collins</u>				Father's Birthplace <u>Md</u>		
		Mother's Maiden Name <u>Mary L. Phipps</u>				Mother's Birthplace <u>Md</u>		
		Name of person giving information <u>Mrs Mary Phipps</u>				How related to deceased <u>Grandmother</u>		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Immediate <u>Convulsions</u>		How long <u>one hour</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo. T. Smith</u>				
				Address <u>Churchland Md</u>				
		Accident or Suicide? <u>—</u>						



Name in Full **C. Louis Savage**

CERTIFICATE OF DEATH

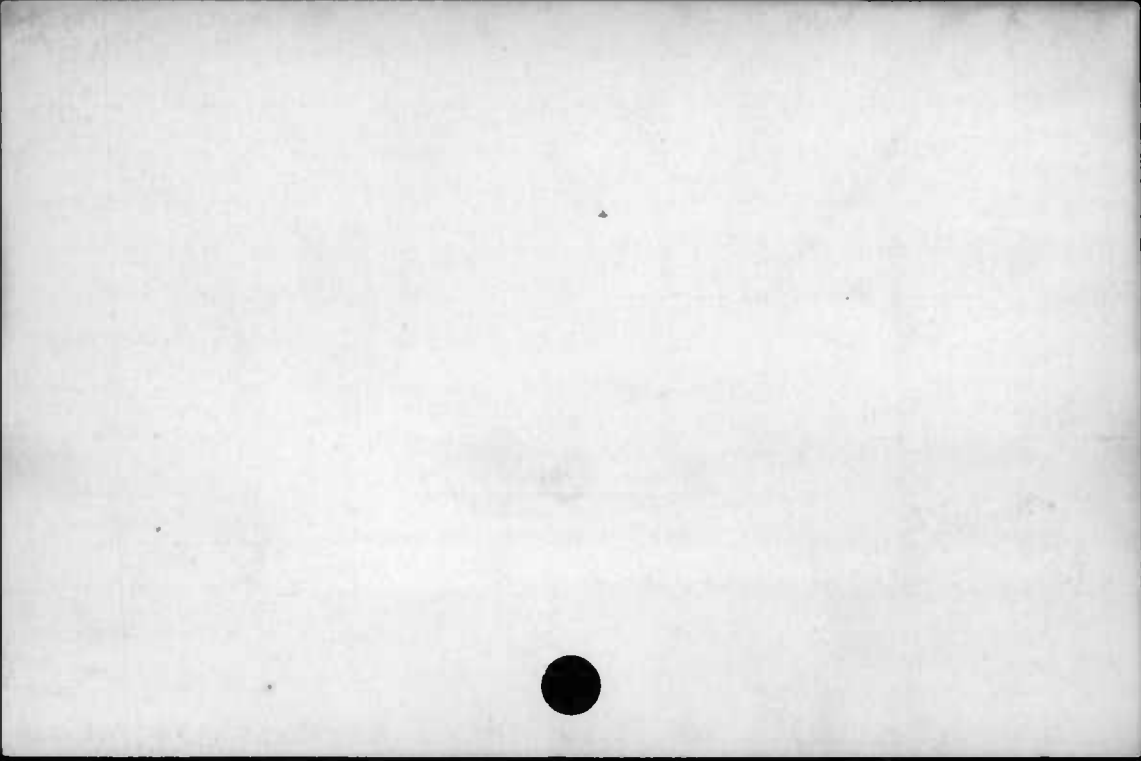
TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis Town		Anne Arundel County		MARYLAND	
Date of death	1906	Month Aug	Day 16	Age 31	Years 31
Sex Male	Color or Race Col.		Birth-place Annapolis		
Occupation Laborn			Where Residing if not at place of death		
Married, Single or Widowed Married		Name of Wife or Husband			
Father's Name Charles Savage			Father's Birthplace A. A. Co		
Mother's Maiden Name Ann Rebecca Louis			Mother's Birthplace " " "		
Name of person giving information Charles Savage			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	One Year
Immediate	Hemorrhages	How long	4 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician R. P. Keen	
		Address 66 Cathedral St. Annapolis Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

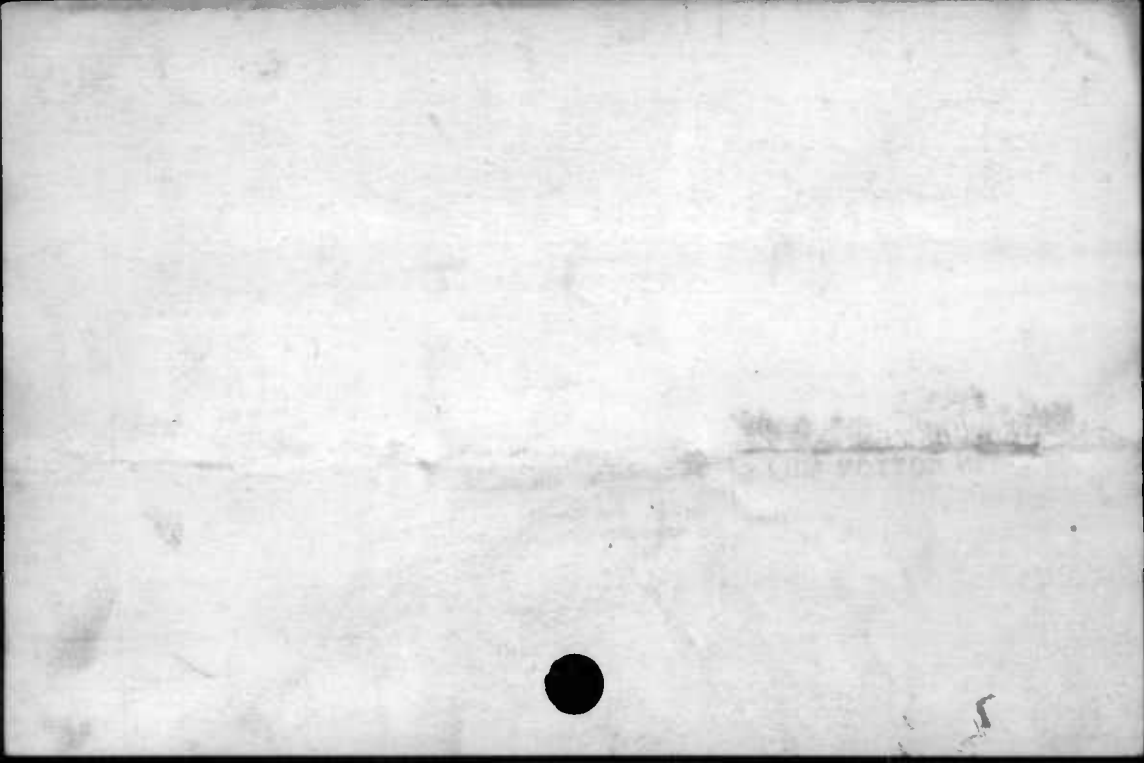
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mary Ellen Davis		Town Maryland		County AA		STATE MARYLAND	
Died at Maryland		Month 9		Day 21		Years 38	
Date of death 1906 Aug 21		Age 38		Months 1		Days 1	
Sex Female		Color or Race African		Birth-place AA			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband John Davis					
Father's Name James Franklin		Father's Birthplace AA					
Mother's Maiden Name Donna		Mother's Birthplace AA					
Name of person giving information Arthur Franklin		How related to deceased Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever	How long 3 weeks
Immediate Exhaustion	How long 4 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. Brayman
Yes	Address Islen Bume Maryland
Accident or Suicide?	



Name
in
Full

Jessie Davis

8/2/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Marley</i> Town		<i>Anne Arundell</i> County			
Date of death	<i>1906 Aug</i>	Day	<i>24</i>	Age	<i>16</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>a a co Md</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>James Davis</i>			Father's Birthplace	<i>Surrey Co Virginia</i>
Mother's Maiden Name	<i>Mary Ellen Franklin</i>			Mother's Birthplace	<i>a a co Md</i>
Name of person giving information	<i>James Davis</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>1 week</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>no Physician</i>	
		Address	
		<i>Jessie Davis Mart</i>	
		<i>Solleys a a co Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>3 district of</i>		Town <i>of</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1906	Month	Aug.	Day	6	Years	28
Sex	Male		Color or Race	Col.		Months	5
Occupation	Labor		Birthplace	A. A. C.			
Married, Single or Widowed			Where Residing if not at place of death				
Married			Name of Wife or Husband <i>Mary Jackson</i>				
Father's Name <i>Lorensia Day</i>			Father's Birthplace <i>A. A. C.</i>				
Mother's Maiden Name <i>Lucinda Johnson</i>			Mother's Birthplace <i>A. A. C.</i>				
Name of person giving information <i>L. Day</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. D. Kidner-M.D.</i>	
		Address <i>St. Margaret's</i>	
Accident or Suicide? <i>—</i>		<i>Annie Arundell Pro.</i>	



Name
in
Full

Thomas Dogan

CERTIFICATE OF DEATH

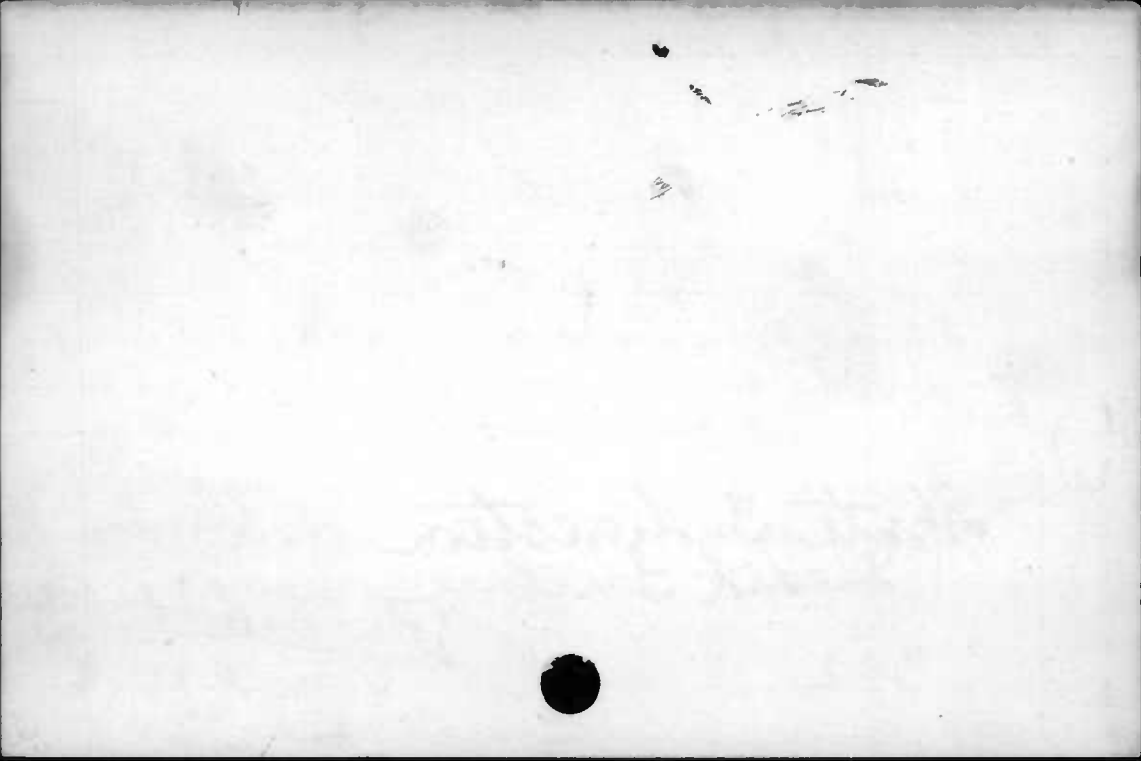
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Aug.</i> ^{Month}	<i>1st.</i> ^{Day}	Age <i>58</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>A.A., Mo</i>		
Occupation <i>Laborm</i>			Where Residing If not at place of death <i>—</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Richard Johnson</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>Sudden</i>
Immediate <i>Heart Failure</i>	How long <i>Death</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Ridout, M.D.</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full *Clarence E. Donaldson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elmwood</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug.</i>	Day <i>29</i>	Age <i>1</i> Years	Months <i>-</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>A. A. Co. Md.</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>Nielson P. Donaldson</i>			Father's Birthplace <i>A. A. Co. Md.</i>		
Mother's Maiden Name <i>Mary G. Mayhew</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>M. P. Donaldson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 mo -</i>
Immediate <i>Meningitis</i>	How long <i>one wk -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. V. Bryant</i>
	Address <i>Elmwood</i>
Accident or Suicide? <i>-</i>	

1890

Name
in
Full

CERTIFICATE OF DEATH

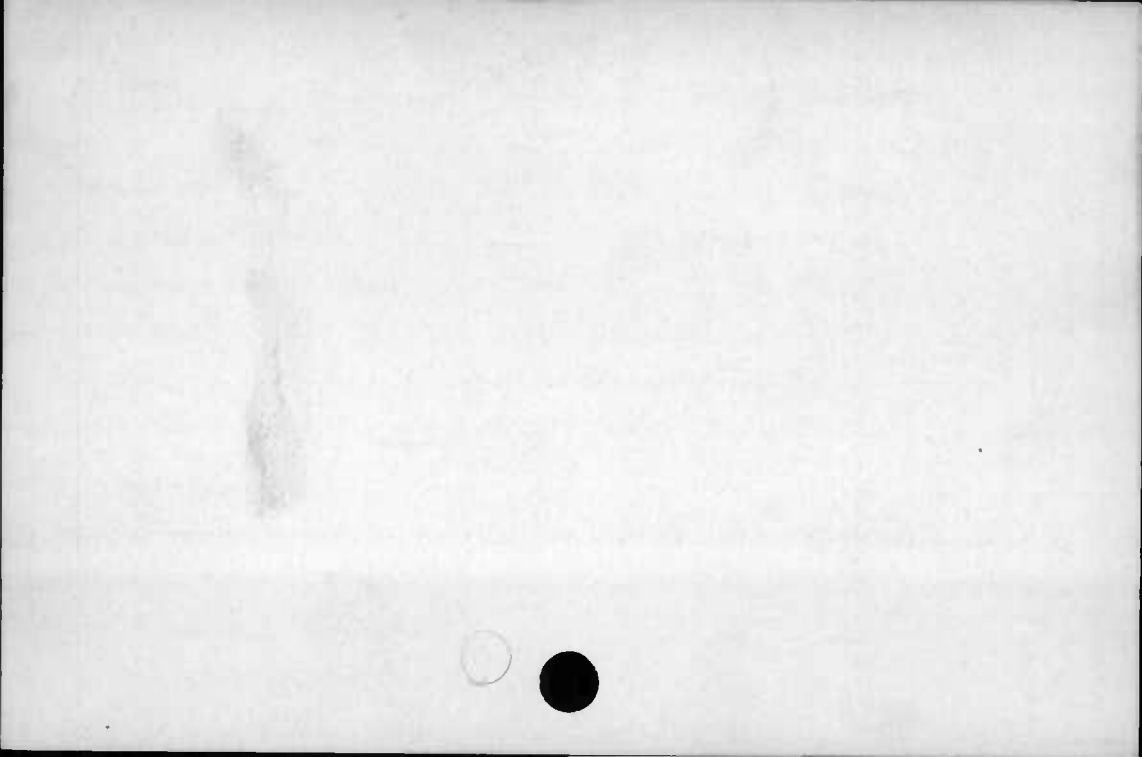
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Drury</i> Town <i>Drury</i> County <i>Stune</i>		State <i>Maryland</i>	
Date of death <i>1906</i>	Month <i>Aug.</i>	Day <i>29</i>	Age <i>66</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband		
Father's Name <i>Philip Mayhew</i>	Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Maria Spalding</i>	Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Emily Drury</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Multiple Neuritis</i>	How long <i>18 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>AH Perrie</i>
	Address <i>McKenzie Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *James Sta* *A. A. Co*Date of death *1906 Aug 5* *68*Months *X* Days *X*Sex *Female* Color or Race *white* Birthplace *Ireland*Occupation *House wife* Where Residing if not at place of death *Baltimore*Married, Single or Widowed *Widowed* Name of Wife or Husband *William Ferguson*Father's Name *John Garner* Father's Birthplace *Ireland*Mother's Maiden Name *unknown* Mother's Birthplace *Ireland*Name of person giving information *Rose Lindsay* How related to deceased *Daughter*

CAUSES OF DEATH

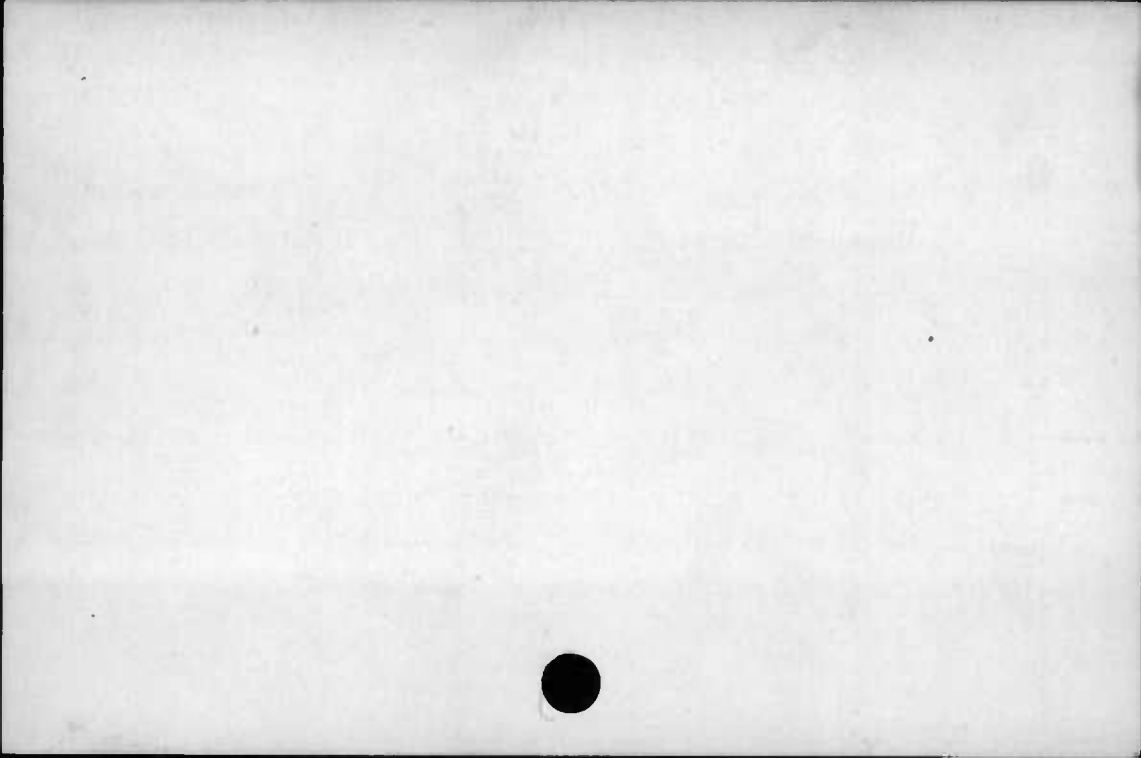
Primary *Dysentery* *14* How long *10 days*
Immediate *Intestinal Hemorrhage* How long *2 hrs*Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

Chas D. Bickel M.D.
Robinson.
Md.

Accident or Suicide?



Name
in
Full

Kate Gornbowski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Baltimore Town a County a

Date of death 1906 Aug Month 16 Day 1 Age 8 Years 2 Months 2 Days

Sex Female Color or Race White Birth-place Maryland

Occupation Chlor Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Valentin Gornbowski Father's Birthplace Russia

Mother's Maiden Name Josephine Mother's Birthplace Russia

Name of person giving information Valentin Gornbowski How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

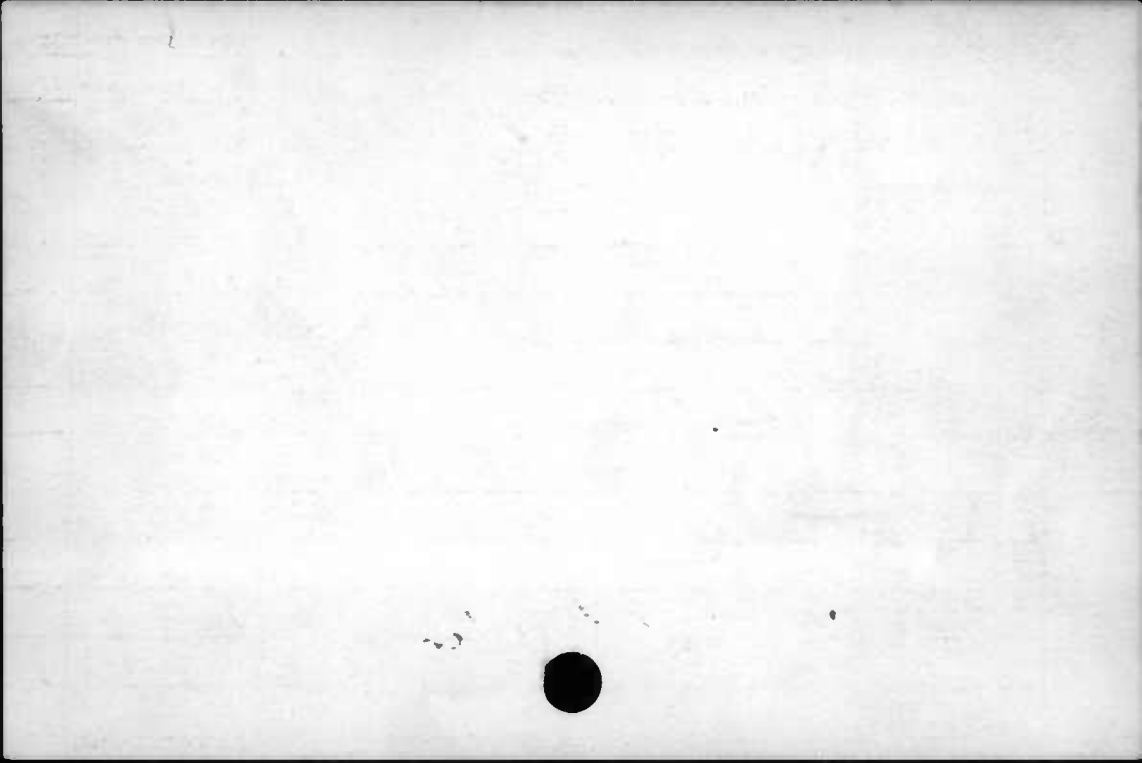
Primary Cholera How long 3 weeks

Immediate Early October How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. H. Johnson

Address Baltimore Md

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

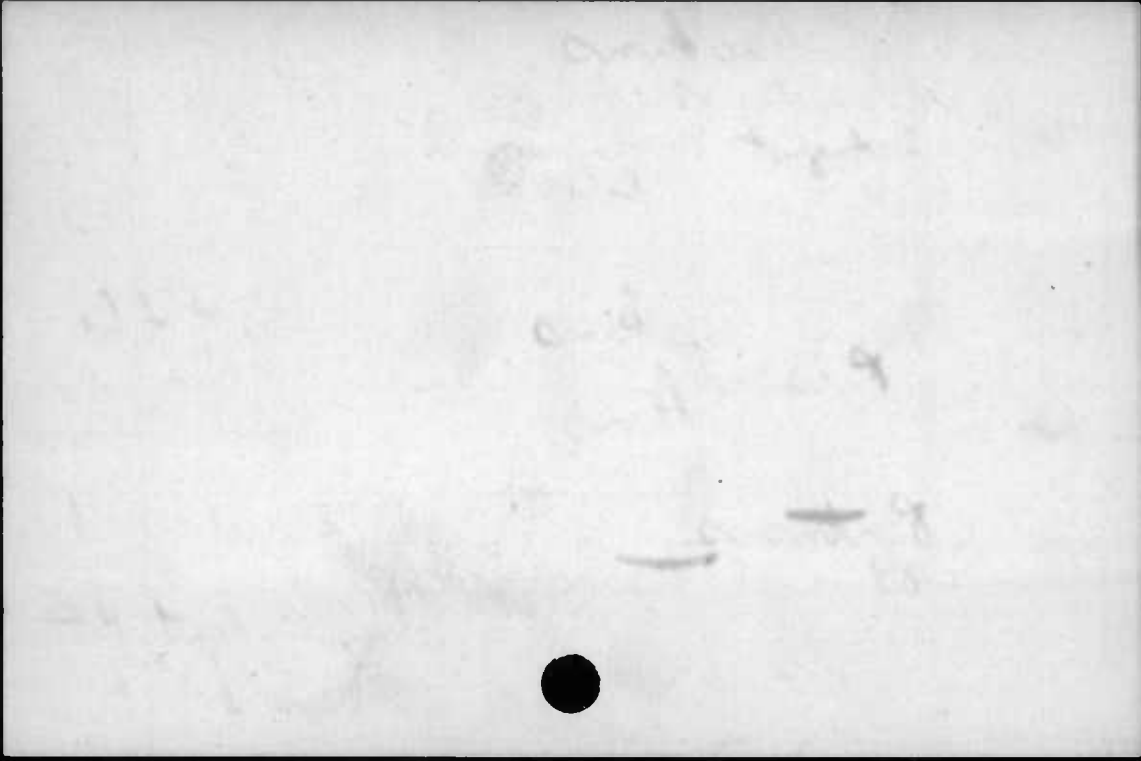
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Louis Gaskins		Town Annapolis Neck		County AA		MARYLAND	
Died at Annapolis Neck		Month August		Day 7		Age 2	
Date of death 1906		Months 3		Days			
Sex Male		Color or Race colored		Birth-place AA Co.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name John Gaskins		Father's Birthplace AA Co.					
Mother's Maiden Name Priscilla Robinson		Mother's Birthplace AA Co.					
Name of person giving information Father		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pertussis	How long Several weeks
Immediate Bronchitis (Capillary)	How long Three days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John Ridout, M.D.
	Address Annapolis
Accident or Suicide?	



Name
in
Full

Walter Alexander Gordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Annapolis		Annapolis		Annapolis		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Aug	24	Age 22			
Sex		Color or Race		Birth-place			
Male		Colored		Cecil Co			
Occupation				Where Residing if not at place of death			
Laborer				Annapolis			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Langdon Gordon		Harford Co.					
Mother's Maiden Name		Mother's Birthplace					
Lucy Hart		"					
Name of person giving information		How related to deceased					
Mary Nelson		Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lat wound of abdomen	How long	176	4 days
Immediate	Diffuse Peritonitis	How long		Several hours
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Walton H Hopkins M.D.		
Address		Annapolis Md.		
Accident or Suicide?		Homicidal		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town		<u>Green</u> County		MARYLAND	
Date of death	<u>1906</u> Month <u>Aug</u>	Day <u>16</u>	Age <u> </u> Years	Months <u> </u>	Days <u> </u>
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>Annapolis</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>John Green</u>			Father's Birthplace <u>A.A.C. Md</u>		
Mother's Maiden Name <u>Margaret Berry</u>			Mother's Birthplace <u>Annapolis</u>		
Name of person giving information <u>John Green</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still born</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>Wm S Welch H.O.</u>
		Address	<u>Annapolis</u>
Accident or Suicide? <u> </u>			



Name
in
Full

CERTIFICATE OF DEATH

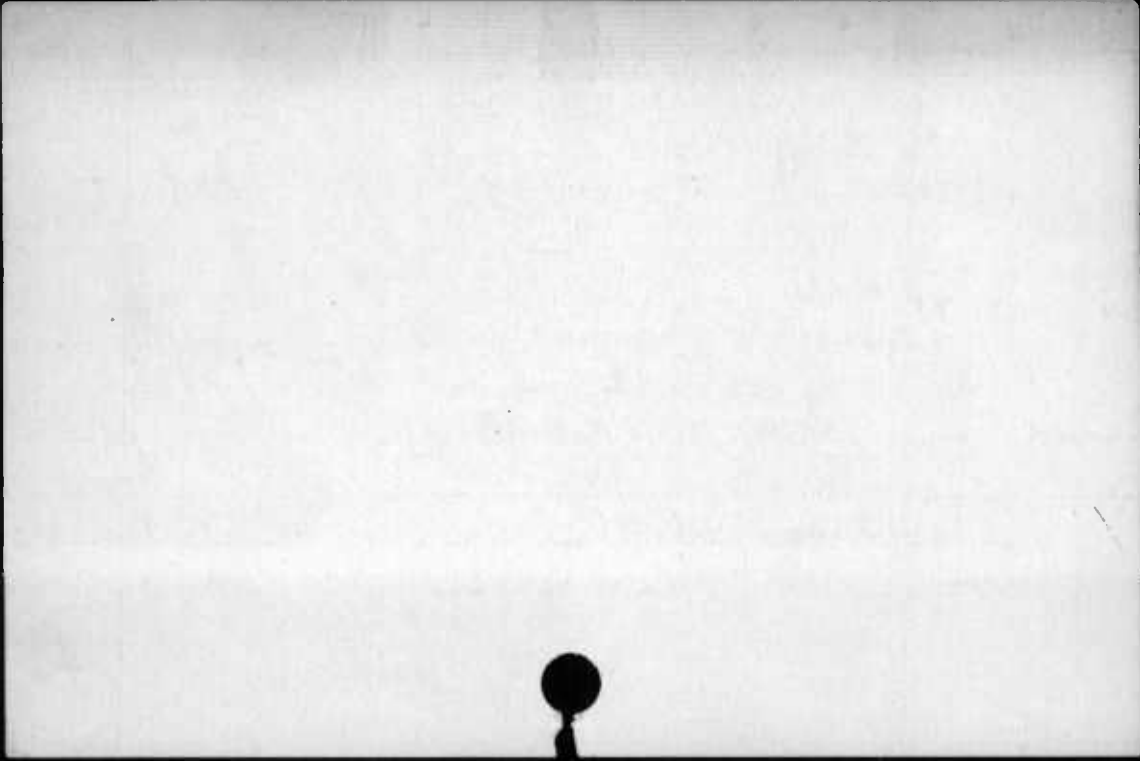
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James Gross		Town Antietam		County Anne Arundel		State MARYLAND	
Died at Antietam		Month Aug.		Day 20		Years 24	
Date of death 1906 Aug. 20		Sex Male		Color or Race Black		Birth-place A. A. Co. Md.	
Occupation Farm hand		Where Residing if not at place of death Baltimore, Md.		Married, Single or Widowed Married		Name of Wife or Husband Frances Hattie Gross	
Father's Name Sam Gross		Father's Birthplace Md.		Mother's Maiden Name Martha Eslet		Mother's Birthplace Md.	
Name of person giving information Sam Gross		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lightning Stroke	How long Instantaneous
Immediate "	How long "
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. N. Perrie
	Address W. A. Kendree, Md.
Accident or Suicide? No	



Name
in
Full

Milton Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Northree Town

June 1906 County

Date of death 1906 Aug

Day 20

Age 10 Years

Months

Days

Sex Male

Color or Race Black

Birth-place Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Charles Gross

Father's Birthplace Md.

Mother's Maiden Name Annie Randall

Mother's Birthplace Md.

Name of person giving information Sam Gross

How related to deceased Grand father

CAUSES OF DEATH

Primary Lightning Stroke

How long Instantaneous

Immediate

Are the name, age, sex, color, date and place correctly given above?

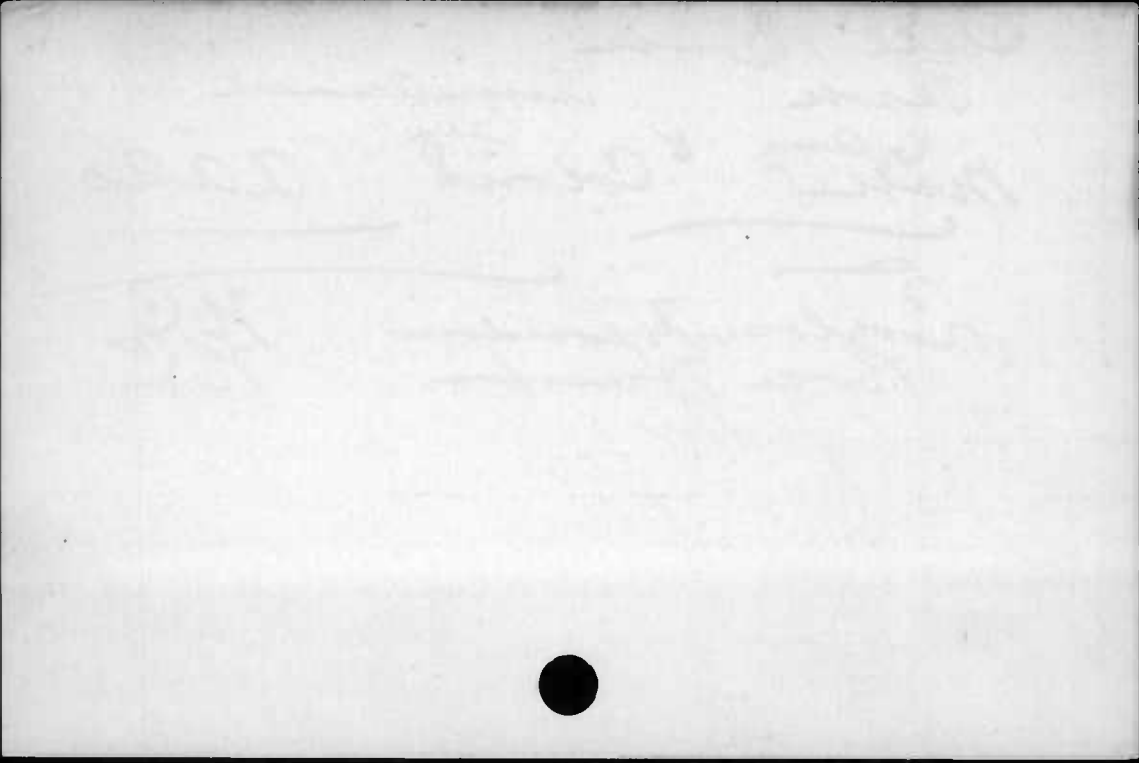
Yes

Signature of Physician

Address

J. H. Perrie
McKendree, Md.

Accident or Suicide?



Name
in
Full

Still Born

CERTIFICATE OF DEATH

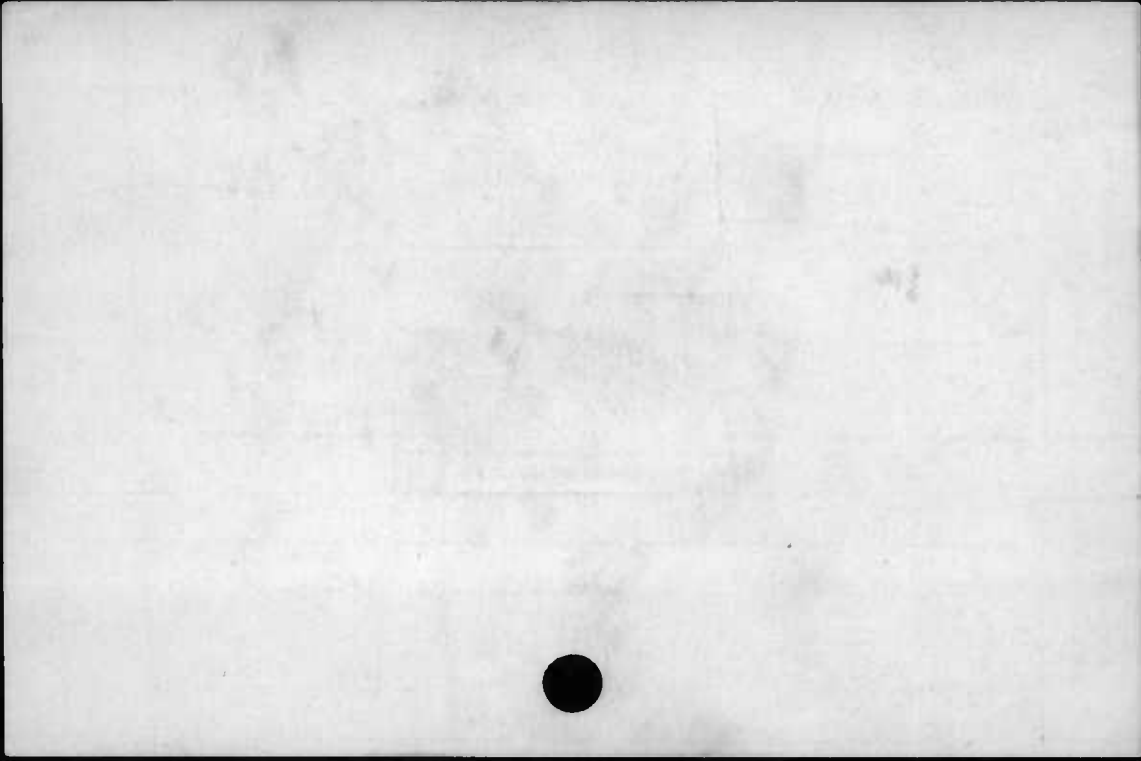
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Parole</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u>	Month	<u>Aug</u>	Day	<u>8</u>
Age	<u>8</u>		Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>a.a.co.</u>
Occupation	<u></u>		Where Residing if not at place of death <u></u>		
Married, Single or Widowed	<u></u>		Name of Wife or Husband <u></u>		
Father's Name	<u>Rogerson Herndon</u>		Father's Birthplace	<u>N.C.</u>	
Mother's Maiden Name	<u>Rose Hunt</u>		Mother's Birthplace	<u>N.C.</u>	
Name of person giving information	<u>father</u>		How related to deceased	<u></u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still-born</u>	How long	<u></u>
Immediate	<u></u>	How long	<u></u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>John Ridout, M.D.</u>
		Address	<u>Annapolis Md</u>
Accident or Suicide?	<u></u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Wheaton</i> Town		<i>Harrison</i> County			
Date of death	190 <i>6</i>	Month	<i>8</i>	Day	<i>27</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Age	<i>1</i>
Occupation		Birthplace <i>Atesla</i>		Months	<i>1</i>
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Harrison</i>		Father's Birthplace <i>Atesla</i>			
Mother's Maiden Name <i>Ella Johnson</i>		Mother's Birthplace <i>Atesla</i>			
Name of person giving information <i>Benjamin Matthews</i>		How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Moningilis</i>	How long	<i>2 days</i>
Immediate	<i>Convulsions</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. R. Wmerson</i>	
		Address <i>Hanover Md</i>	
Accident or Suicide?			



Name
in
Full

Hastings Man B

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Bonklyn</i> Town		<i>A A</i> County			
Date of death	<i>1902</i>	Month <i>8</i>	Day <i>3</i>	Age	Years
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Laundry</i>		Birth-place	<i>Wilmington</i>	
Married, Single or Widowed <i>Single</i>			Where Residing if not at place of death		
Name of Wife or Husband			<i>Alexander Hastings</i>		
Father's Name			<i>Benjamin Hastings</i>		
Mother's Maiden Name			<i>Alexander Hastings</i>		
Name of person giving information			<i>A. Hastings</i>		
Father's Birthplace			<i>See</i>		
Mother's Birthplace			<i>See</i>		
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>2 days</i>
Immediate		How long	

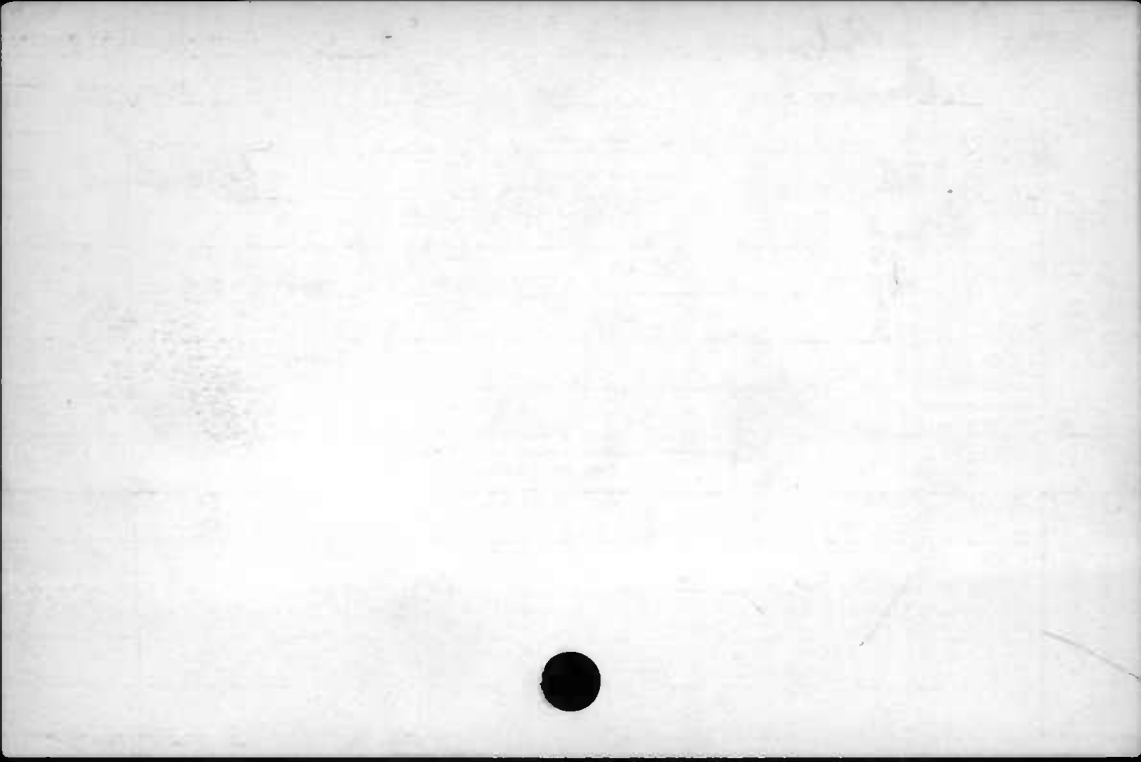
Are the name, age, sex, color, date and place correctly given above?

Yes

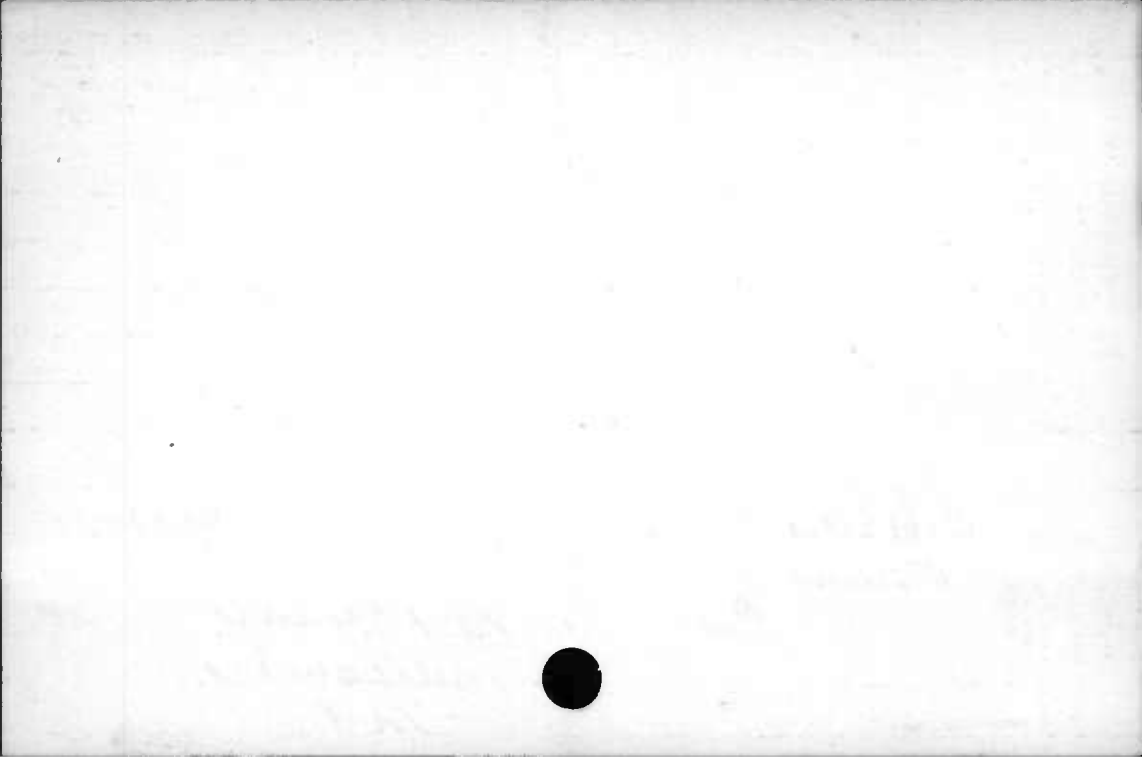
Signature of Physician

Address

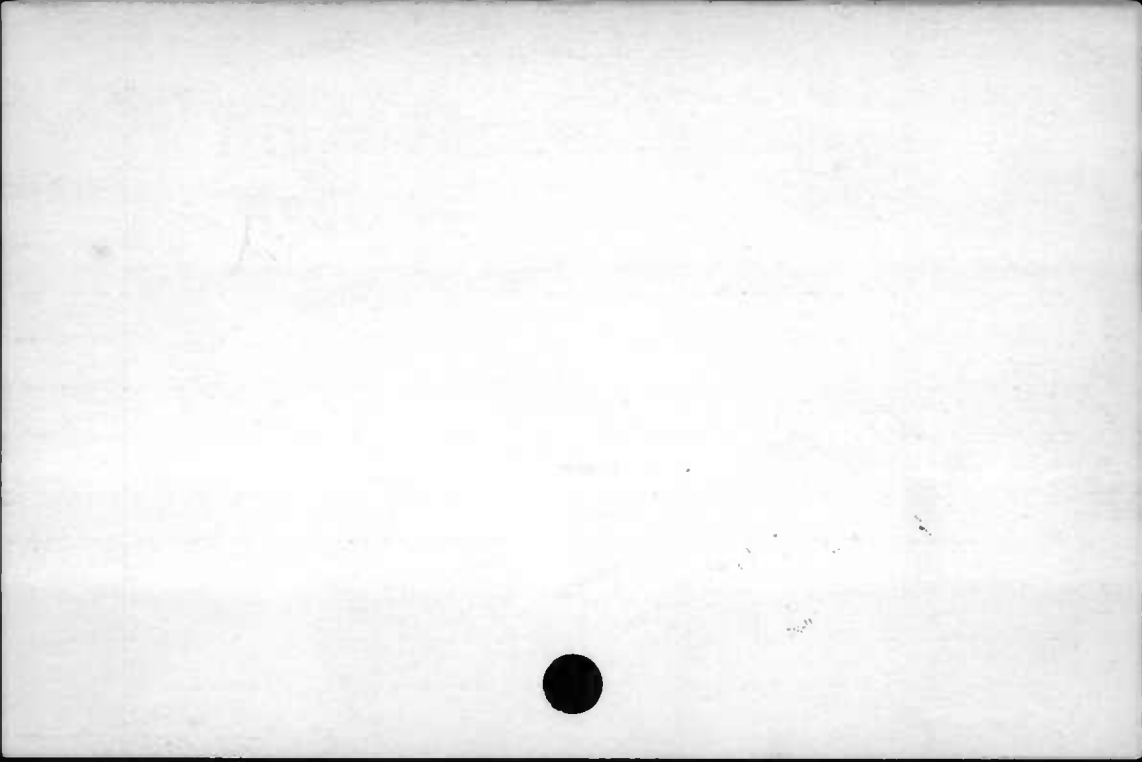
Accident or Suicide?



Name in Full		Lillian Adella Jackson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hanover</u>		County <u>Cc</u>		MARYLAND			
		Date of death	190 <u>6</u>	Month <u>8</u>	Day <u>28</u>	Age <u>3</u>	Months <u>4</u>	Days	
		Sex <u>Female</u>	Color or Race <u>Coloured</u>		Birth-place <u>Atco Md</u>				
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name <u>John Jackson</u>		Father's Birthplace <u>Atco Md</u>					
		Mother's Maiden Name <u>Priscilla Harris</u>		Mother's Birthplace <u>Howard Co</u>					
		Name of person giving information <u>John Jackson</u>		How related to deceased <u>Father</u>					
CAUSES OF DEATH (104)									
PHYSICIAN OR CORONER		Primary <u>Acute Indigestion</u>		How long <u>10 hours</u>					
		<u>Convolutions</u>		How long <u>12 hours</u>					
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C R Wintersen</u>					
				Address <u>Hanover Md</u>					
		Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
Sarah Jinks Jackson		MARYLAND			
Died at ^{Town} Gambrills ^{County} Anne Arundel					
Date of death		Month	Day	Years	Months
1906		August	19	Age 65	five
Sex Female		Color or Race White		Birth place Green Bank W. Va	
Occupation Domestic		Where Residing if not at place of death		Place of death	
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name		— Jackson, 1 st name unknown		Father's Birthplace Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace Unknown	
Name of person giving information Mrs C. A. Joyce		How related to deceased		Friend	
CAUSES OF DEATH					
Primary		Eczema of Liver		How long 6 mos -	
Immediate		Eczema. Gradual sinking.		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. B. Gault	
				Address Melrose Md	
Accident or Suicide?					



Name
In
Full

Mary Jacobs

CERTIFICATE OF DEATH

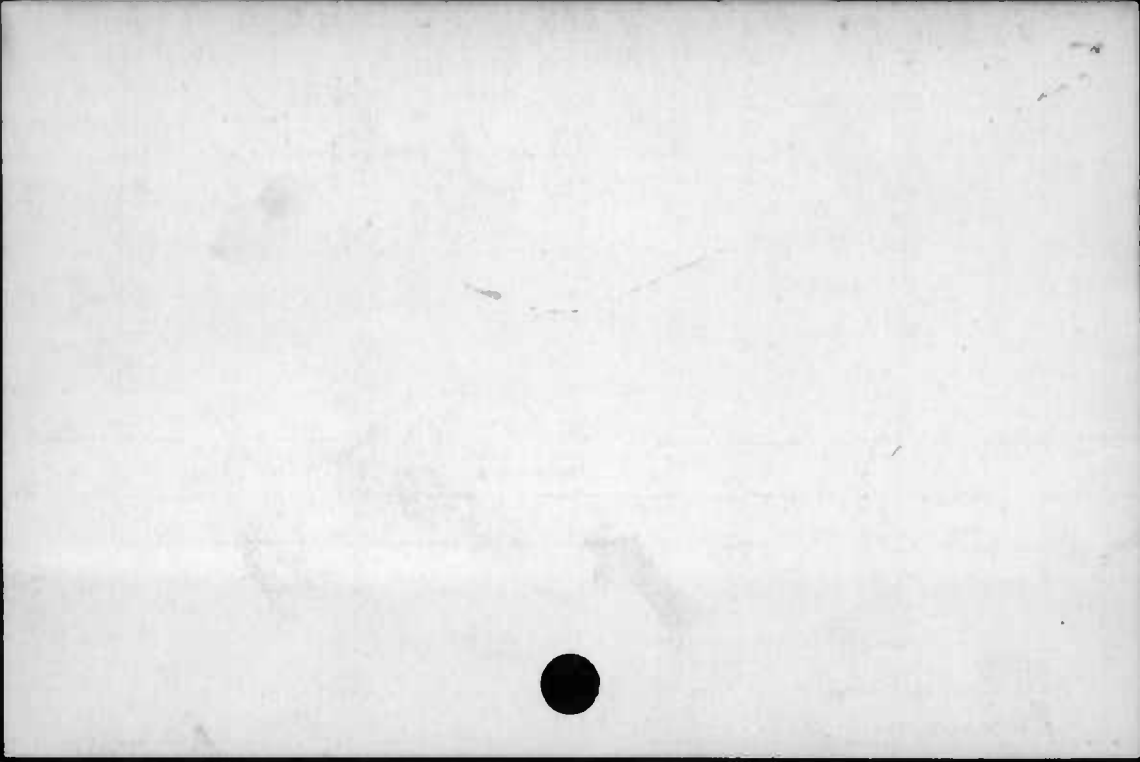
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Armiger P.O.</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1906	Month <i>Aug.</i>	Day <i>12.</i>	Age <i>17-</i>	Years <i>17-</i>
Sex <i>Female</i>	Color or Race <i>Colored-</i>		Birthplace <i>A.A. Co.</i>		
Occupation <i>House work-</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Hess. Jacobs</i>	Father's Birthplace <i>Maryland.</i>				
Mother's Maiden Name <i>Hattie Hammond</i>	Mother's Birthplace <i>A.A. Co.</i>				
Name of person giving information <i>Will Jacobs</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One year.</i>
Immediate <i>General Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Belingolia MD</i>
	Address <i>Armiger MD.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Geo Jedlicka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So. Balto.</i>		County <i>An.</i>		MARYLAND	
Date of death	1906	Month	Aug	Day	22
Sex	male	Color or Race	white	Age	1
Occupation			Where Residing if not at place of death	Months	Days
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		John Jedlicka		Father's Birthplace	
Mother's Maiden Name		Julia Tetz		Mother's Birthplace	
Name of person giving Information		John Jedlicka		How related to deceased	
				Bohemia	
				Bohemia	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>3 days</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John B. Norton</i>
		Address	<i>South Balto Md</i>
Natalist or Suicide?			

W. A. C. H. A. N.

Name
in
Full

Rosa E. Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Fairfield* County *an* MARYLAND

Date of death *1906* Month *8* Day *18* Age *1* Years *1* Months *8* Days

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Howard Jenkins* Father's Birthplace *md*

Mother's Maiden Name *Goodrich* Mother's Birthplace *md*

Name of person giving information *mother* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Enter Colitis* *105* How long *3 weeks*

Immediate

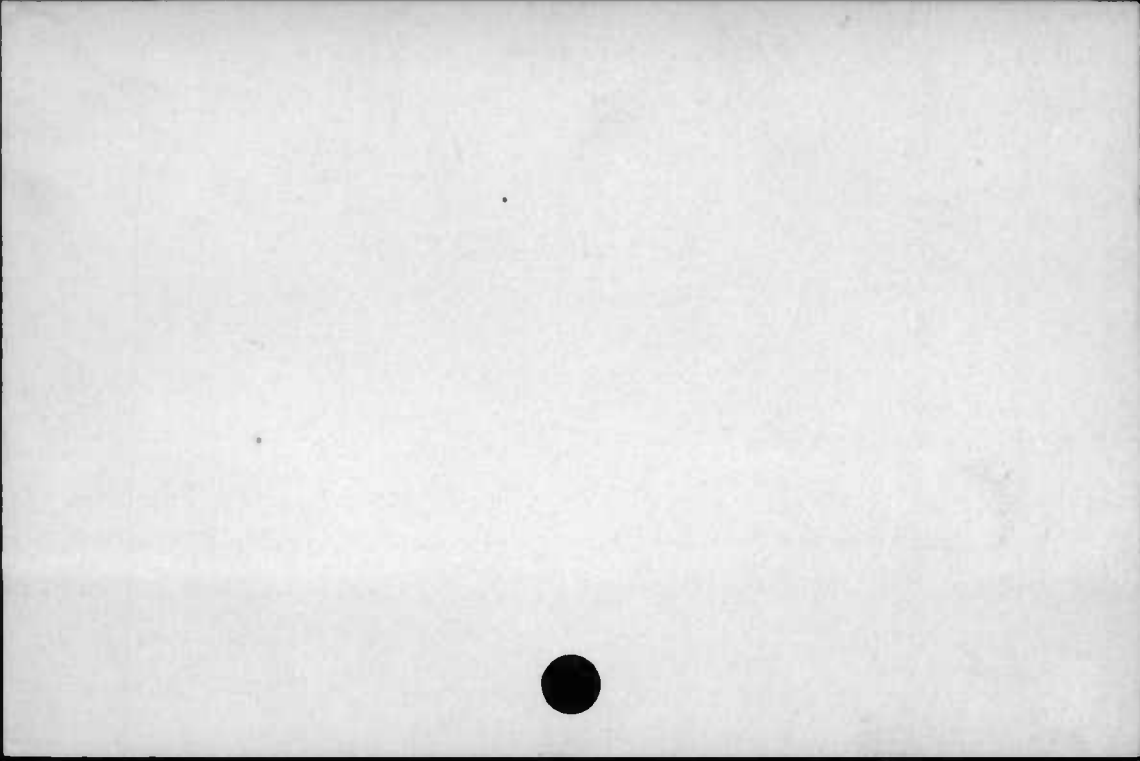
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Yes**Charles H. Brook*
Brooklyn

Accident or Suicide?



Name
in
Full

Harry R. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

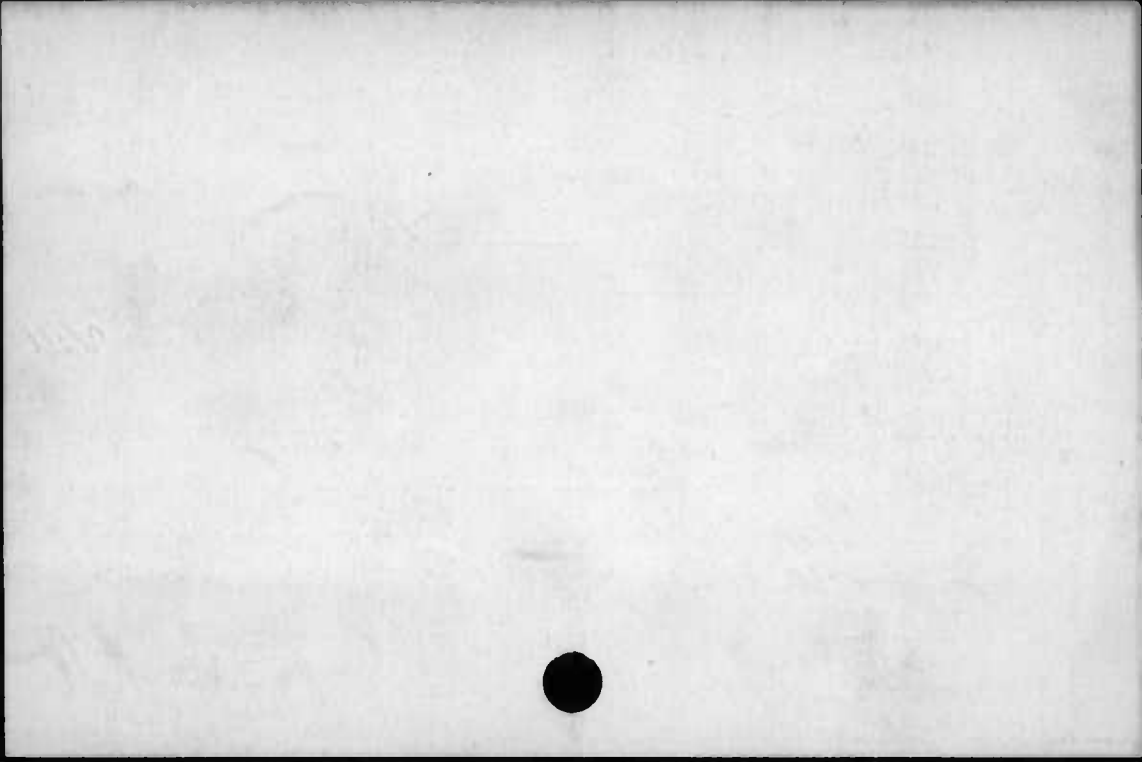
MARYLAND

Died at		Town		County	
Annapolis		Annapolis		Anne Arundel	
Date of death	190	Month	August	Day	20th
Age		Years		Months	Days
5		5		5	
Sex	Male	Color or Race	Colored	Birth-place	Annapolis
Occupation			Where Residing if not at place of death	76 Clay St	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William Johnson		Father's Birthplace	Dorchester	
Mother's Maiden Name	Hable Price		Mother's Birthplace	Dorchester	
Name of person giving information	Mother		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marginalia	How long	Months
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Ridout
Accident or Suicide?		Address	Annapolis



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1906

Month

Day

Age

Years

Months

Days

MARYLAND

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

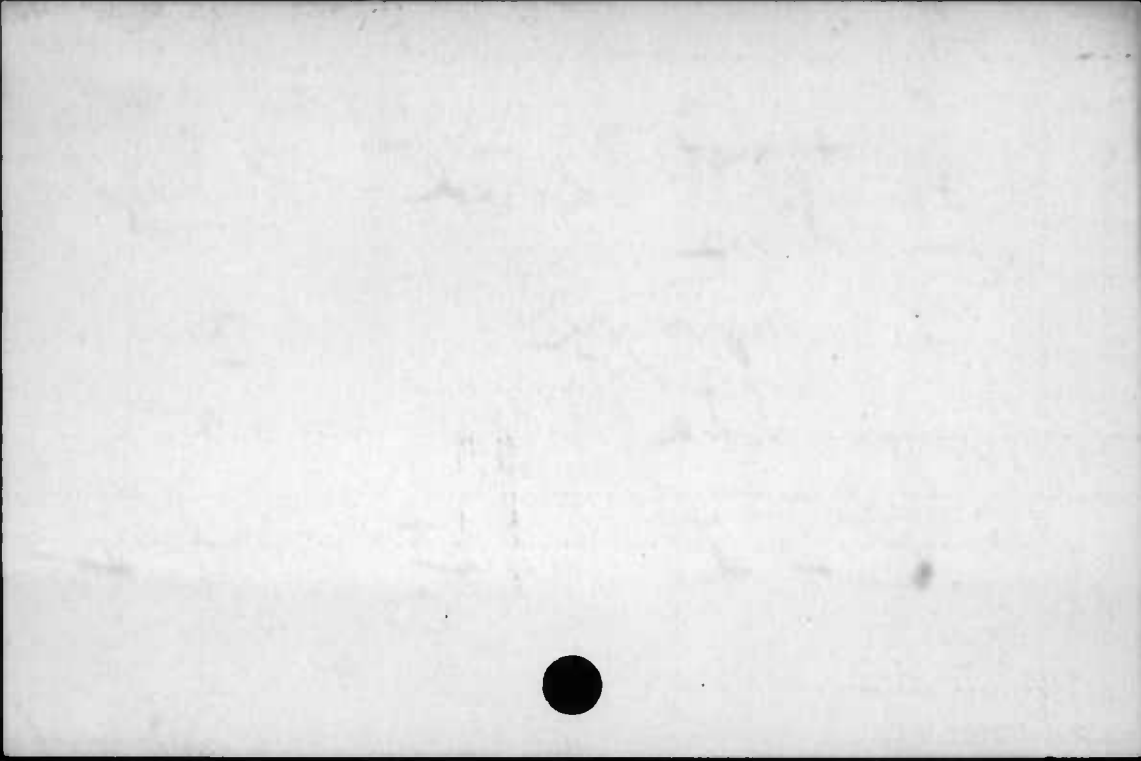
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

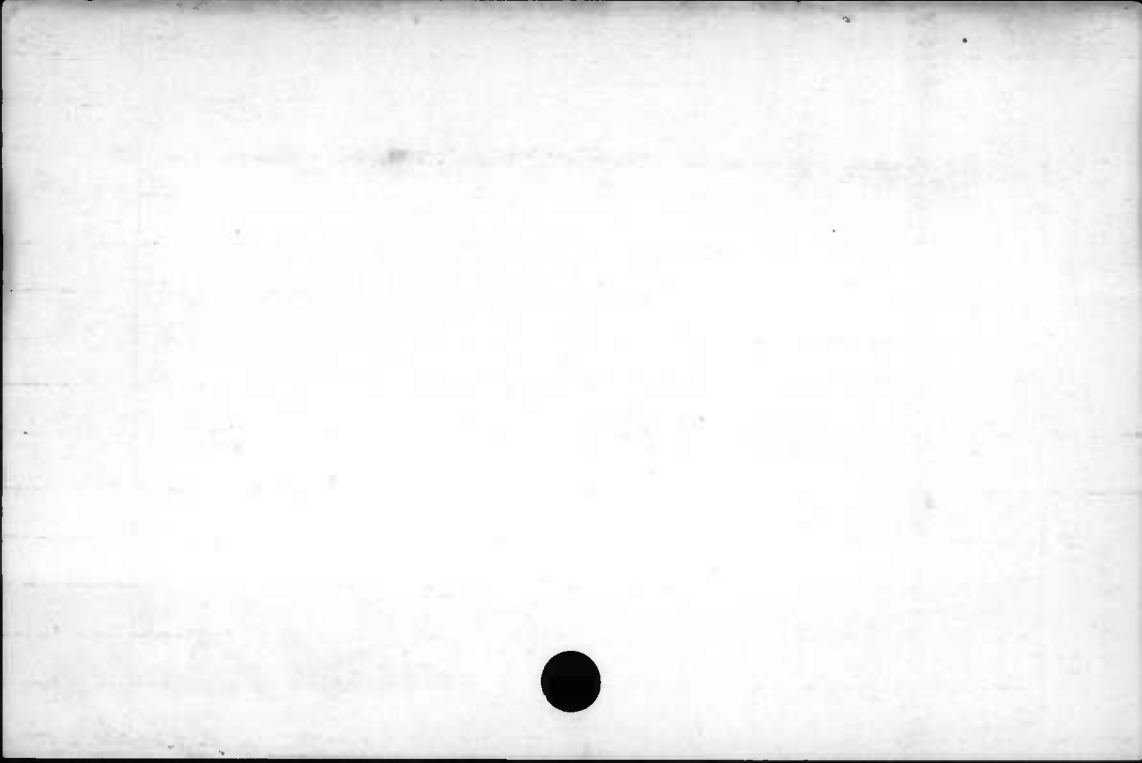
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salley's</i> Town		<i>Anne arundel</i> County		MARYLAND	
Date of death <i>1906</i>	<i>aug</i> Month	<i>16</i> Day	Age <i>64</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>a a Co md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Ely Johnson</i>			
Father's Name <i>Hiram Richards</i>			Father's Birthplace <i>a a Co md</i>		
Mother's Maiden Name <i>Ediza Johnson</i>			Mother's Birthplace <i>a a Co md</i>		
Name of person giving information <i>Ediza Brown</i>			How related to deceased <i>not related</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>20 days</i>
Immediate <i>Paralysis</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Crane M.D.</i>
	Address <i>Armingers md</i>
Accident or Suicide?	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

Eliza A Jones

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			

Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mother's Birthplace	How related to deceased
	Samuel Jones	A A Co	A A Co	Father
Father's Name	Samuel Jones			
Mother's Maiden Name	Sarah Davis			
Name of person giving information	Samuel Jones			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis Marasmus	How long	Several months
Immediate	Asthenia	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Ridout MD
		Address	Annapolis Md
Accident or Suicide?			



Name
in
Full

Stella Jones

CERTIFICATE OF DEATH

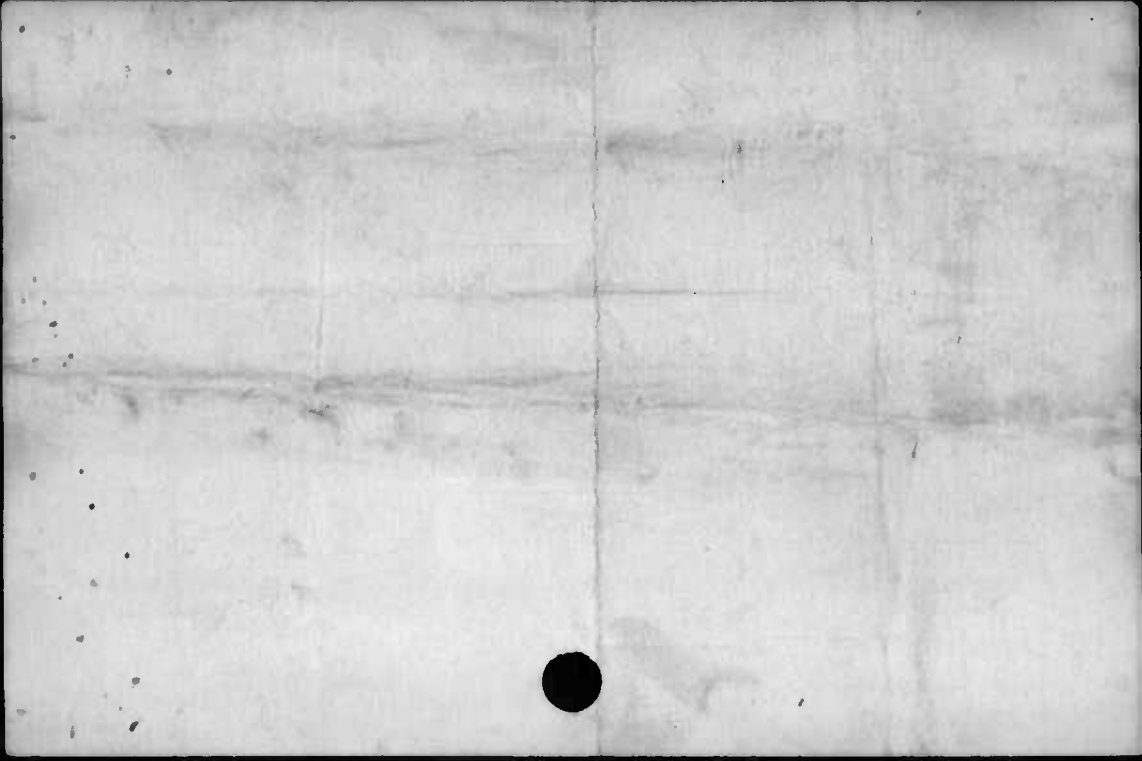
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birthplace			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace			
Father's Name		Mother's Maiden Name		Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Acute Leptomenigitis	2 weeks
Immediate	How long
Exhaustion short failures	5 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	R. P. Keene
	Address
	60 Cathedral St. Ann Arbor Ind.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at East Brooklyn ^{Town} Set. ^{County}
 Date of death 1906 ^{Month} Aug ^{Day} 1 ^{Years} one ^{Months} — ^{Days} —
 Sex Male ^{Color or Race} white ^{Birth-place} East Brooklyn
 Occupation — ^{Where Residing if not at place of death} —

Married, Single
 or Widowed

Name of Wife or
 Husband

Father's
 Name

Frank Karbinsky, Sr

Father's
 Birthplace

Poland

Mother's
 Maiden Name

Mary Yanoschenka

Mother's
 Birthplace

Germany

Name of person giving
 Information

Frank Karbinsky

How related
 to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

Saw a kid
once

Immediate

Are the name, age, sex, color, date
 and place correctly given above?

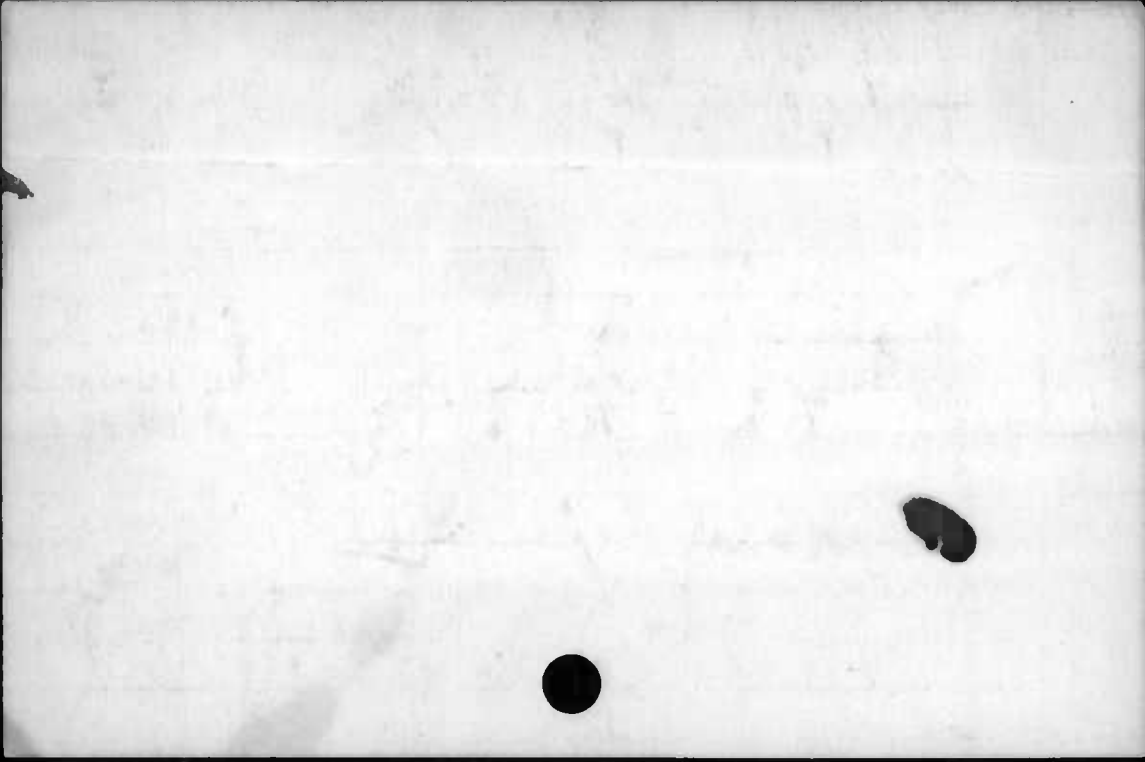
yes

Signature of
 Physician

Address

J. P. Portnoy, M.D.
 300 2nd St

Accident or Suicide?



Name
in Full

Mary Elizabeth Kauffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lansdowne P.O.		County Anne Arundel		MARYLAND	
Date of death	1906	Month Aug	Day 1	Age 49	Years	Months	Days
Sex	female		Color or Race	white		Birthplace	Pennsylvania
Occupation	H. wife			Where Residing if not at place of death			
Married, Single or Widowed	<input checked="" type="checkbox"/> Married		Name of Wife Husband Jeremia M. Kauffman				
Father's Name	Henry D. Miller -					Father's Birthplace	Pa.
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Jeremia Kauffman					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	4 weeks
Immediate	Shock after operation for Pus Abscess		How long	12 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Frank H. Ruhl
			Address	Lansdowne Balt. C. and
Accident or Suicide?	<input checked="" type="checkbox"/>			

Jos. M. Syfer.

London Park,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frank Kotchen

Town

County

MARYLAND

Died at Burtis Bay

a.a.co.

Date

Month

Day

Years

Months

Days

of death 1906 Aug.

15th

Age

—

7

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Mike Kotchen

Father's
Birthplace

Hungary

Mother's
Maiden Name

Elizabeth Waska

Mother's
Birthplace

Hungary

Name of person giving
Information

Mike Kotchen

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Gastric - Enteritis

How long

105

6 weeks

Immediate

Marasmus

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

William T. Scott M.D.

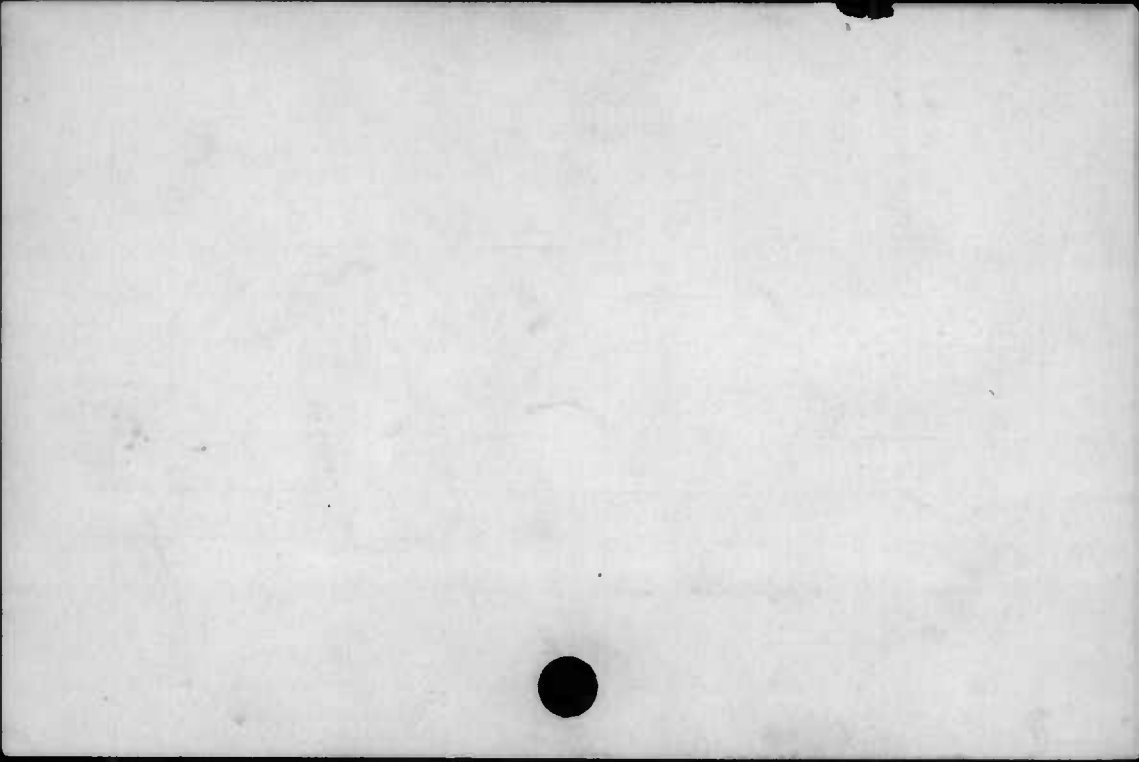
Address

Burtis Bay,
a.a.co. Ind.

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name
in
Full

Louis Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

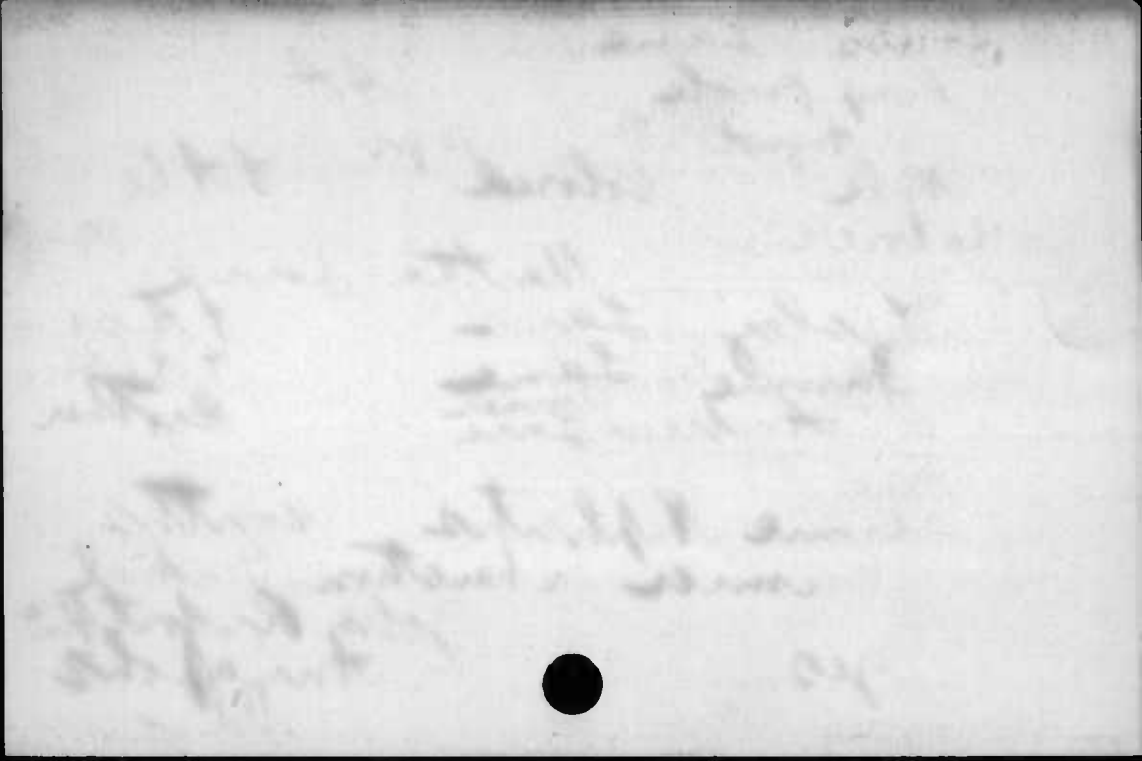
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		August	9th	36 yrs			
Sex	Male	Color or Race	Colored	Birth-place	A A Co.		
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name		Wesley Lane			Father's Birthplace		
Mother's Maiden Name		Fannie - Lane			Mother's Birthplace		
Name of person giving information		Andrew Lane			How related to deceased		
					Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	Months
Immediate	Uremia	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Ridout, M.D.
		Address	Annapolis, Md.
Accident or Suicide?			

LIBRARY BUREAU A88516



Name
in
Full

Earl O Launkford


CERTIFICATE OF DEATH

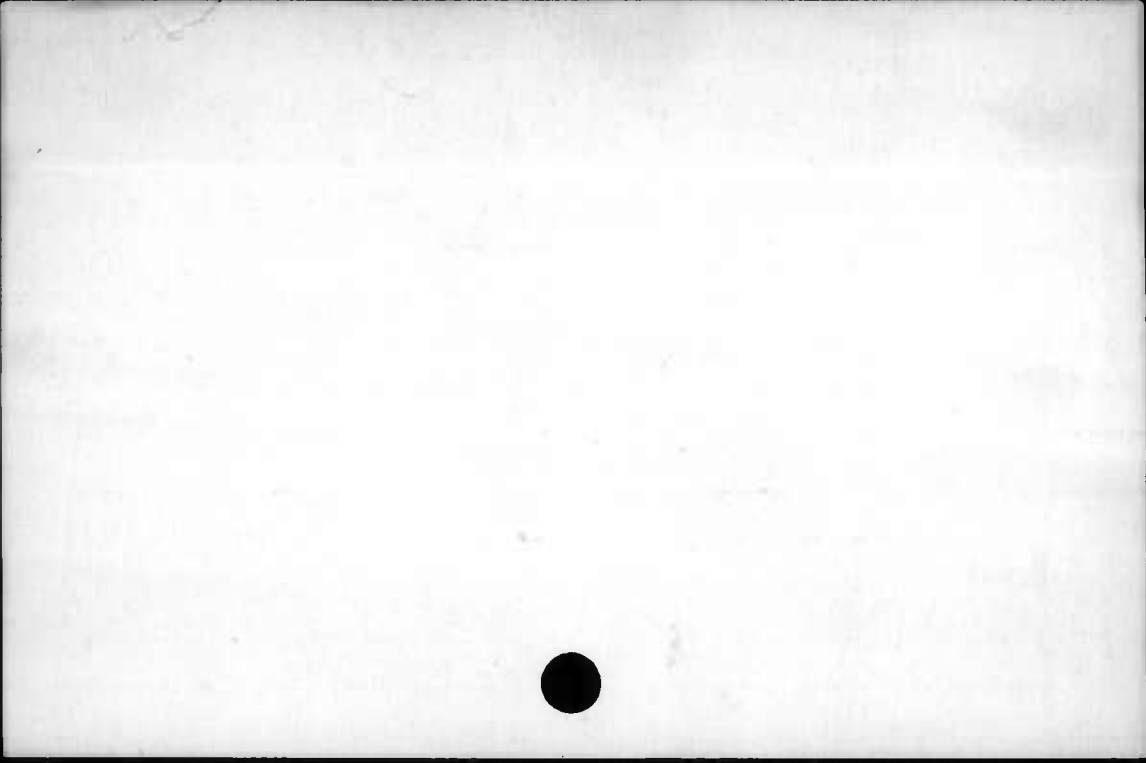
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hawkins Pt.</i> <small>Town</small>		<i>Ad.</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Aug</i> <small>Month</small>	<i>28</i> <small>Day</small>	<i>—</i> <small>Years</small>	<i>one</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Hawkins Pt. Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Earl E. G. Launkford</i>			Father's Birthplace <i>Montana</i>		
Mother's Maiden Name <i>Fannie Potter</i>			Mother's Birthplace <i>Ad. Co. Md.</i>		
Name of person giving Information <i>E. E. G. Launkford</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	<i>104</i>	How long <i>24 hours</i>
Immediate <i>Convulsions</i>		How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. B. Horton M.D.</i>	Address <i>So. Balto. Md.</i>
<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

Catherine Lenthicum

Town

County

MARYLAND

Died at Brooklyn

Date

of death 1906

Month

8

Day

26

Age

Years

4

Months

5

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Child

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

C. M. Lenthicum

Father's
Birthplace

Md.

Mother's
Maiden Name

Daisy E.

Mother's
Birthplace

Md.

Name of person giving
In formation

C M Lenthicum

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Diphtheria

How long

4 days

Immediate

Heart failure

How long

5 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

F. J. Robinson

Address

Brooklyn, Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at		Deale		A A		MARYLAND	
Date of death		1904	Aug	29	Age	Months	Days
Sex		Male		Color or Race		White	
Occupation		none		Where Residing If not at place of death		Deale Md	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Archie Manifold				Father's Birthplace	
Mother's Maiden Name		Elizabeth Phipps				Mother's Birthplace	
Name of person giving In formation		Mrs Mary Phipps				How related to deceased	
						Grandmother	
CAUSES OF DEATH							
Primary		Pulmonary Congestion				How long	
						2 Hours	
Immediate		Pulmonary Congestion				How long	
						2 Hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo T Dent	
				Address		Churchton	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

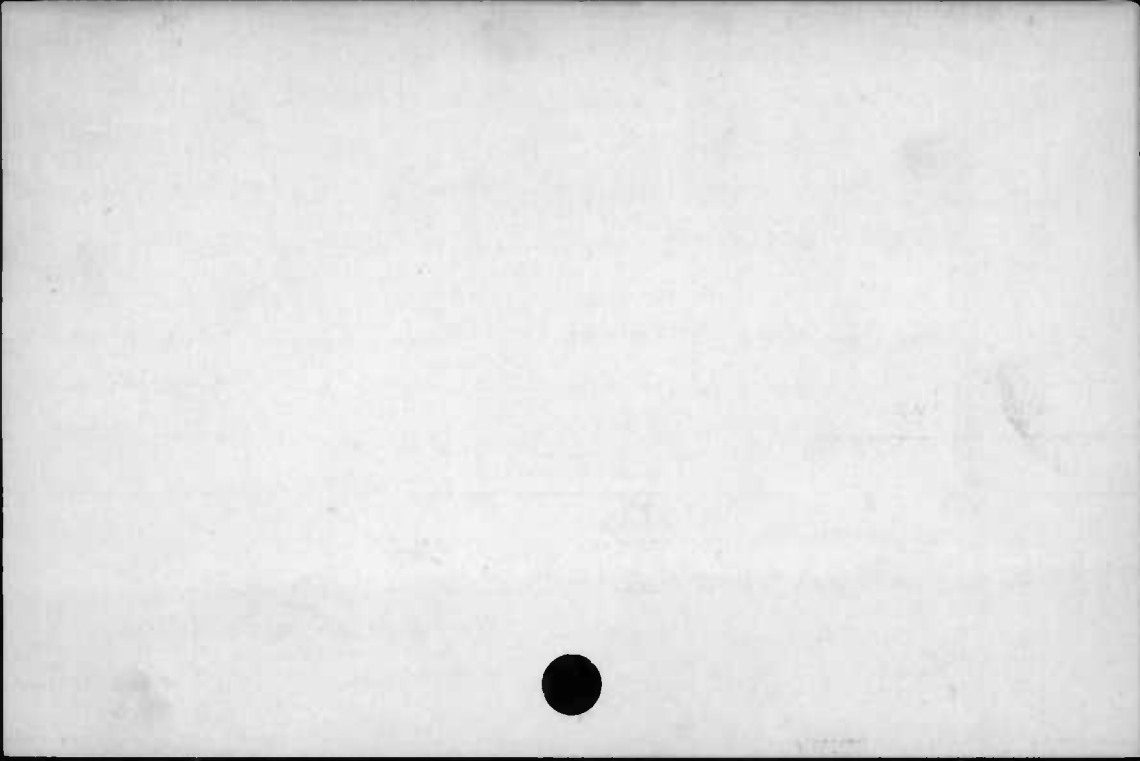
MARYLAND

Died at <i>Amul Trading</i> ^{Town} <i>Amul Trading</i> ^{County} <i>Amul Trading</i>			
Date of death	1906	Month	August
	Day	19	Age
	Years	18	Months
			Days
Sex	Male	Color or Race	Japanese
Occupation	Amul Trading	Birth place	Tokio, Japan
Where Residing if not at place of death		Amul Trading	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Carmel M. Matsumoto		Father's Birthplace
Mother's Maiden Name	Masako Kawakami		Mother's Birthplace
Name of person giving information	Osaka Matsumoto		How related to deceased

CAUSES OF DEATH

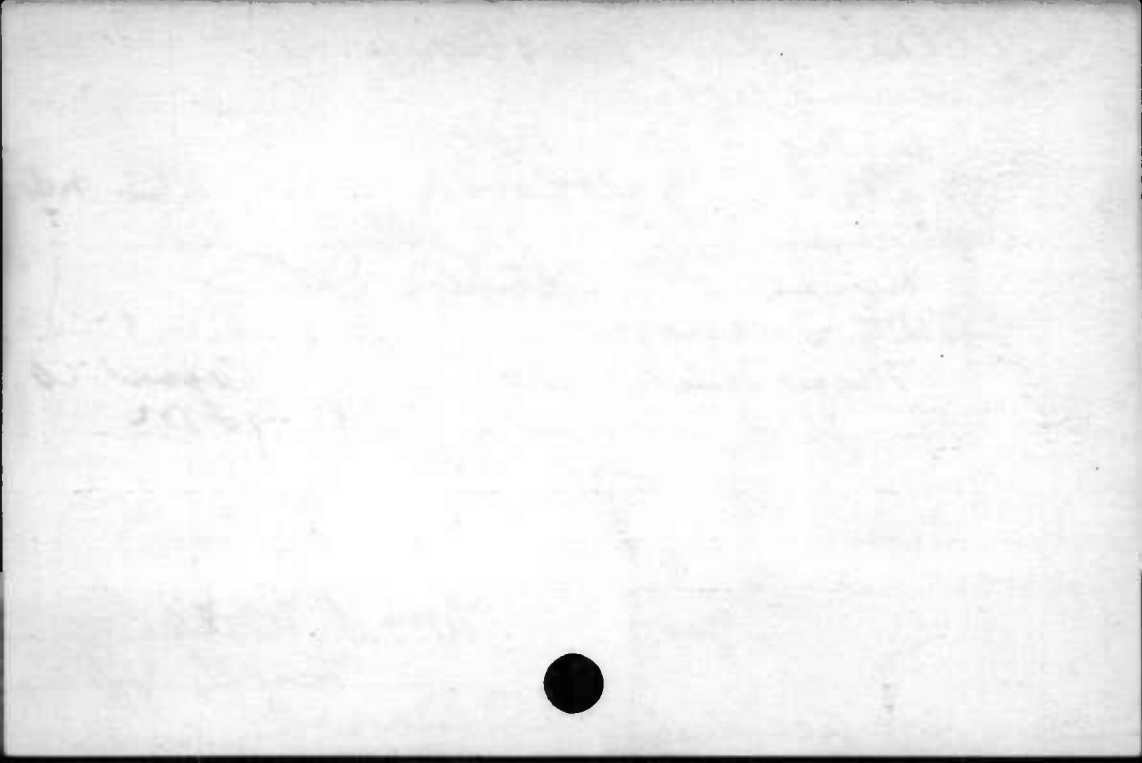
PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	13 days
Immediate	<i>Perforation of Intestine</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>Dr. J. C. ...</i>	
		Address	
		<i>Amul Trading</i>	
		<i>Amul Trading</i>	
Accident or Suicide?		—	



Name in Full		Bernis Brooke Meade				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Hopkins Creek		A. et.			
Date of death		Month	Day	Years	Months	Days	
1906		6	10	55			
Sex	Male	Color or Race	White		Birthplace	Calvert Co. Md.	
Occupation	Book-keeper		Where Residing If not at place of death		Baltimore		
Married, Single or Widowed	Married		Name of Wife or Husband		A. E. L. White		
Father's Name	Brooke Meade				Father's Birthplace	Calvert Co.	
Mother's Maiden Name	Mary Talbot				Mother's Birthplace	Calvert Co.	
Name of person giving information	Chas. E. Meade				How related to deceased	Son	

CAUSES OF DEATH	
Primary	How long
Immediate	How long
Drowning	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Robt. S. Dodson 2 ^d
	Address
	Mar. A. C. Co. Md.
Accident or Suicide?	
Unknown	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>			Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death		Month	Day	Age	Years	Months	Days	
1900		August	15			6	17	
Sex		Color or Race		Birth-place				
male		Cellored		Annapolis				
Occupation				Where Residing if not at place of death				
				Block 88				
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace				
single				Limer				
Father's Name		Mother's Maiden Name		Mother's Birthplace				
William Pack		Matter Johnson		Limer				
Name of person giving information				How related to deceased				
Mother				Limer				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	<i>Months</i>
Are the name, age, sex, date and place correctly given above?		Signature of Physician	
yes		<i>John Ridout</i>	
		Address	
		<i>Annapolis</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Curtis Bay</i>		Town <i>a.a. Co.</i>		County		MARYLAND	
Date of death <i>1906 Aug 3</i>	Month <i>Aug</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>W</i>		Birth-place <i>Ind</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Frank A. Auerhues</i>			Father's Birthplace <i>Austria</i>				
Mother's Maiden Name <i>Mary Polinski</i>			Mother's Birthplace <i>Austria</i>				
Name of person giving Information <i>Husband</i>			How related to deceased <i>—</i>				

CAUSES OF DEATH

Primary <i>Enterocolitis</i>	How long <i>5 days</i>
Immediate <i>Bacterial Aetheria</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above?

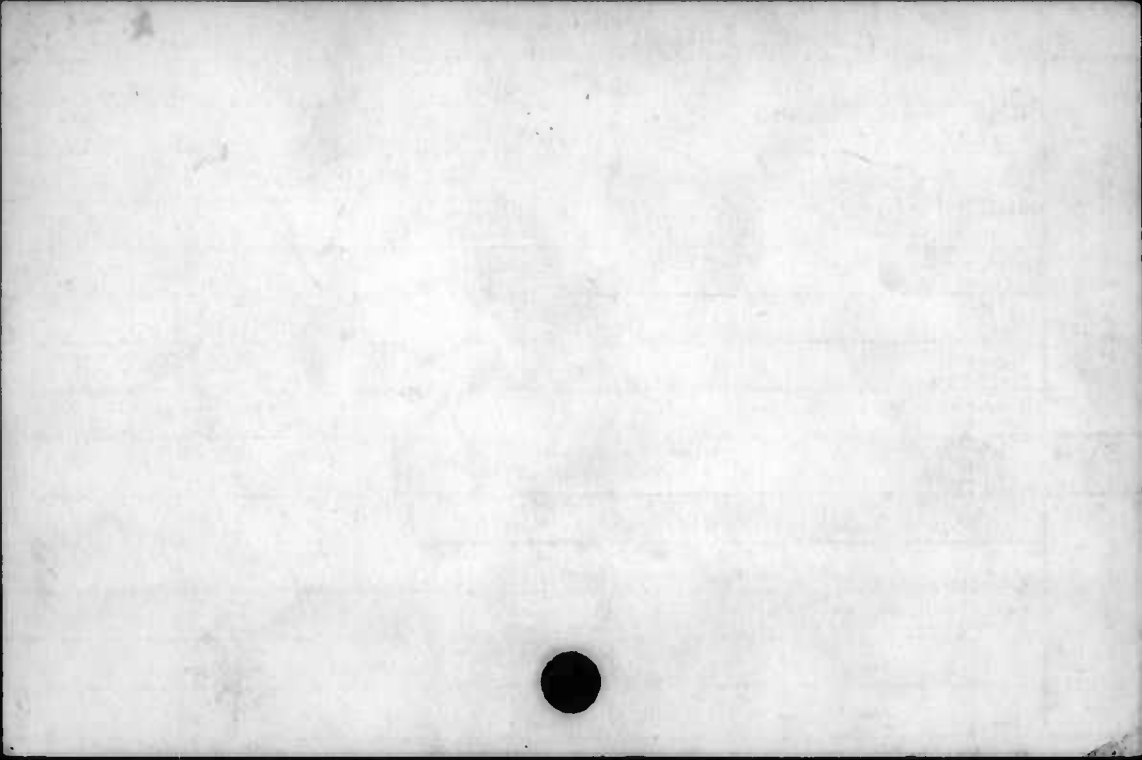
yes

Signature of Physician

Address

William D. Scott M.D.
Curtis Bay
a.a. Co. Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Lamdale Rogers* County *A*

Town *Chumokton*

Died at *Chumokton*

Date of death *1906 Aug 1* Age *—* Months *3* Days *17*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *W Thos Rogers* Father's Birthplace *Ind*

Mother's Maiden Name *Bessie Ford* Mother's Birthplace *Ind*

Name of person giving information *John H Rogers* How related to deceased *Uncle*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* *105* How long *3 days*

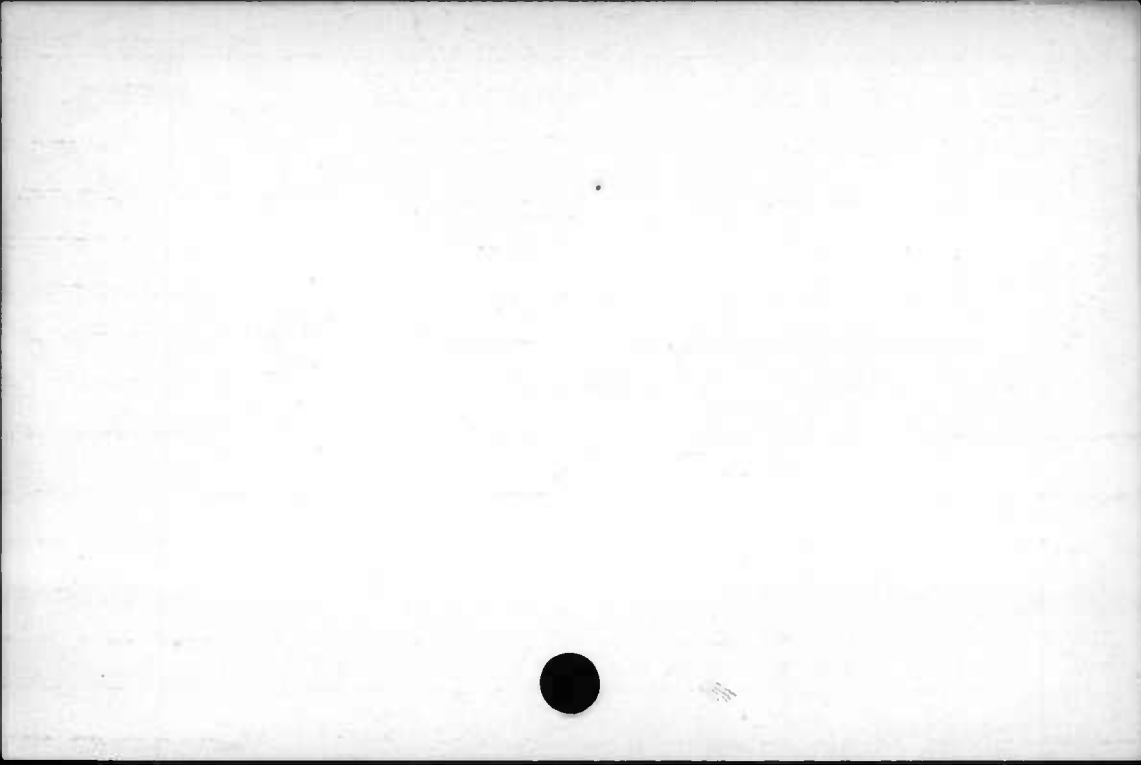
Immediate *Convulsions* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

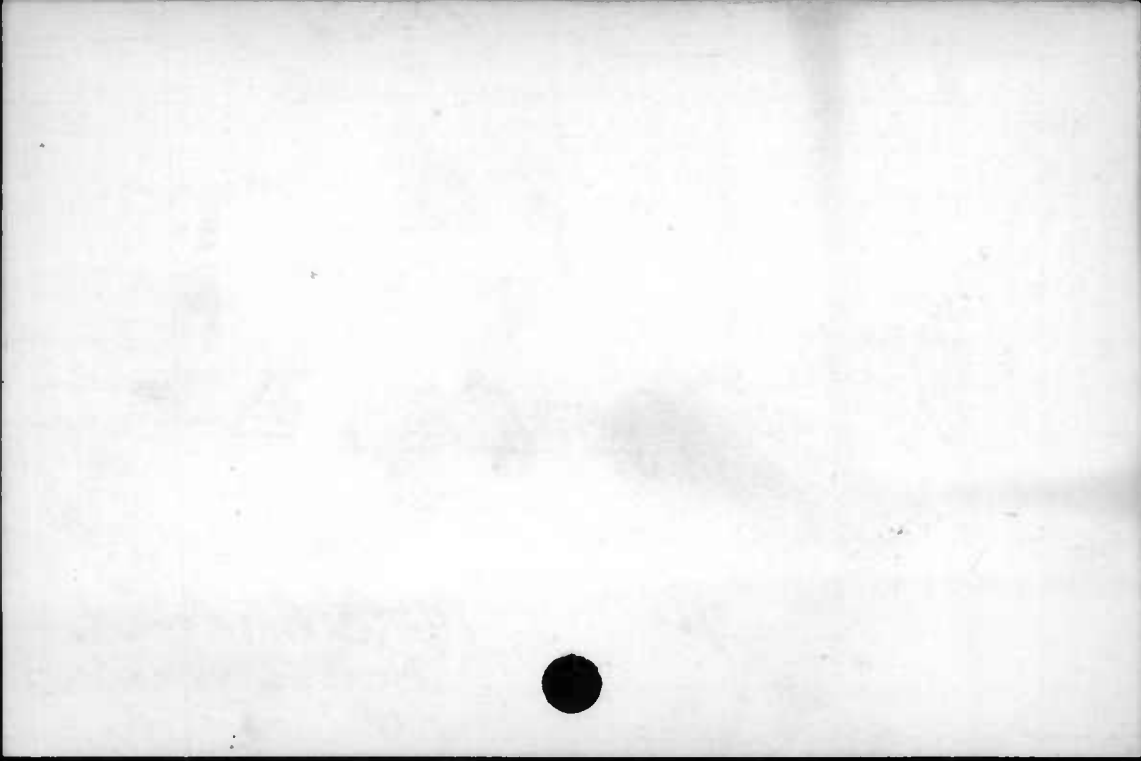
Signature of Physician *Geo. T. Dent*

Address *Chumokton*

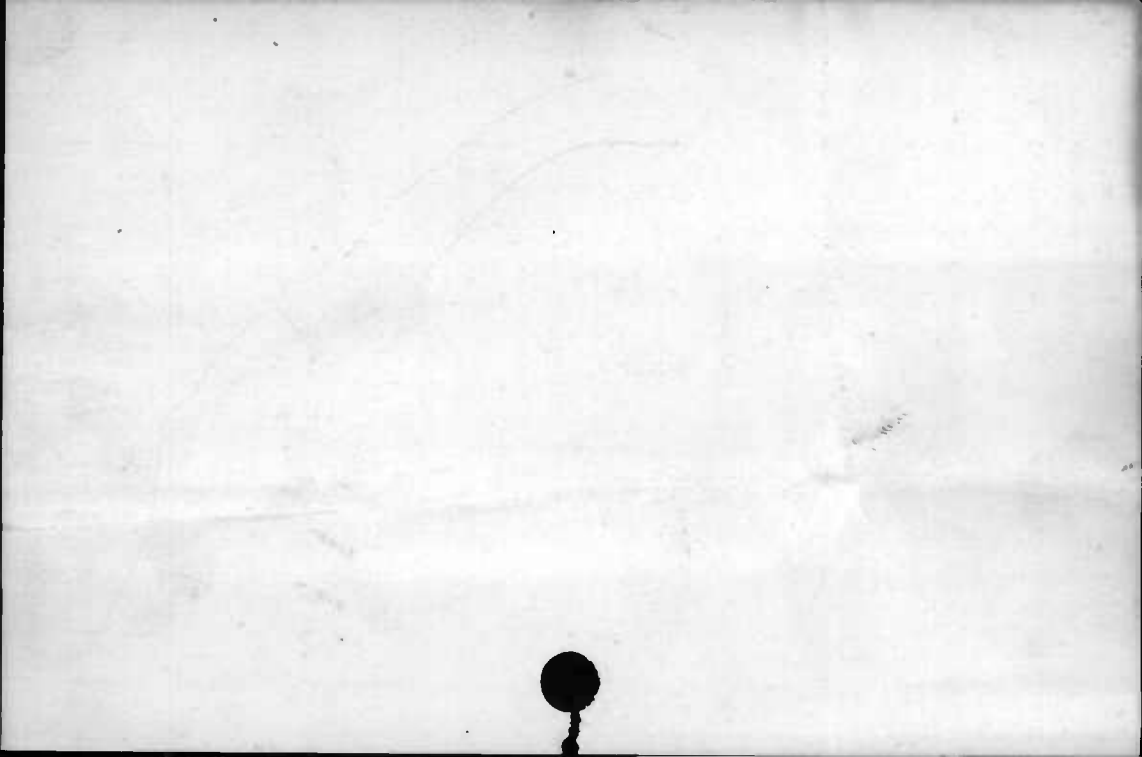
Accident or Suicide? *E*



Name in Full		Still born		Ross		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Annapolis</i>			County <i>Anne Arundell</i>		MARYLAND	
	Date of death <i>1906</i>		Month <i>Aug</i>	Day <i>11</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
	Sex <i>Female</i>		Color or Race <i>Col</i>		Birth-place <i>Annapolis</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>			
	Father's Name <i>Maggie</i>				Father's Birthplace <i>—</i>		
	Mother's Maiden Name <i>Maggie Ross</i>				Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Mew Ross</i>				How related to deceased <i>Grand mother</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Still born</i>			How long <i>—</i>			
	Immediate <i>—</i>			How long <i>—</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Wm J Welch</i>			
				Address <i>Health Officer</i>			
	Accident or Suicide? <i>—</i>			<i>Annapolis</i>			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sulphur Springs</i>		County <i>Anne Arundel</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>8</i>	Day <i>27</i>	Years <i>41</i>	Months <i>7</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany —</i>	
	Occupation <i>Housewife</i>		Where Residing If not at place of death <i>—</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emil Schultz</i>			
	Father's Name <i>Martin Radtke</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Louisa Hest-</i>	Name of person giving information <i>Emil Schultz</i>		How related to deceased <i>Husband</i>		<i>138</i>
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Puerperal Eclampsia</i>		How long <i>6 hours</i>	<i>138</i>
	Immediate	<i>Gravimic Convulsions</i>		How long <i>—</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. J. Hammond</i>		
	Accident or Suicide? <i>No</i>		Address <i>Jessup Md.</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Sefford</i>		Town <i>Baltimore</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Baltimore</i>		Month <i>Aug.</i>		Day <i>28</i>		Years <i>45</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>			
Occupation <i>Cook</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>St. L. F. Cannery</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

Primary

How long

Immediate

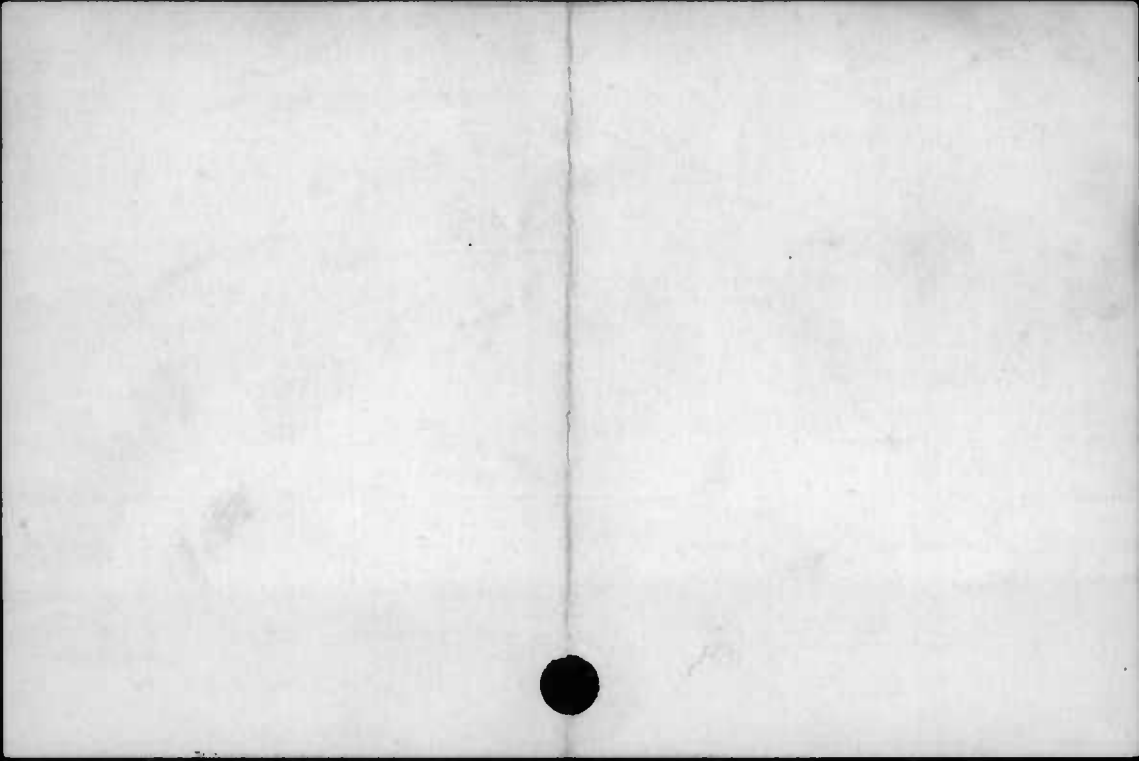
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of

Address

Accident or Suicide?



Name in Full **Edward J. Sephton**

CERTIFICATE OF DEATH

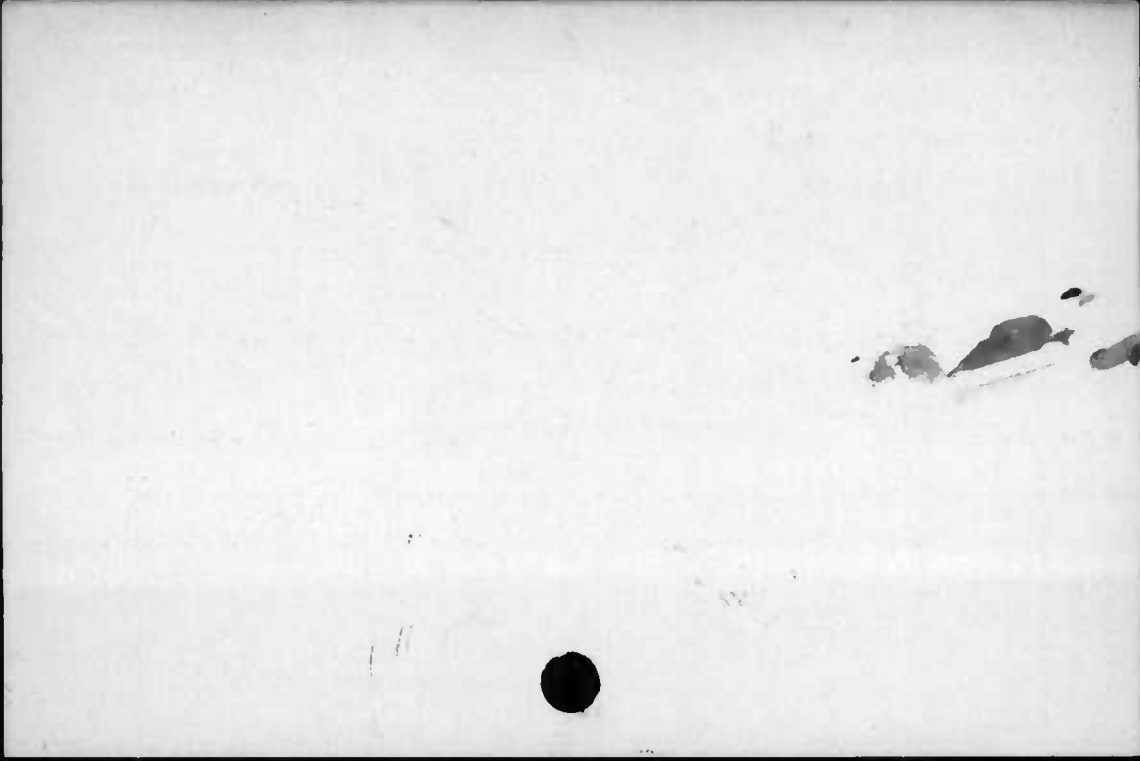
TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis <small>Town</small>		Anne Arundel <small>County</small>		MARYLAND	
Date of death 1906	Aug. <small>Month</small>	26. <small>Day</small>	20. <small>Years</small>	<small>Months</small>	<small>Days</small>
Sex Male	Color or Race white.		Birth-place England. Liverpool.		
Occupation Clerical Student.		Where Residing if not at place of death			
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information Church record			How related to deceased		

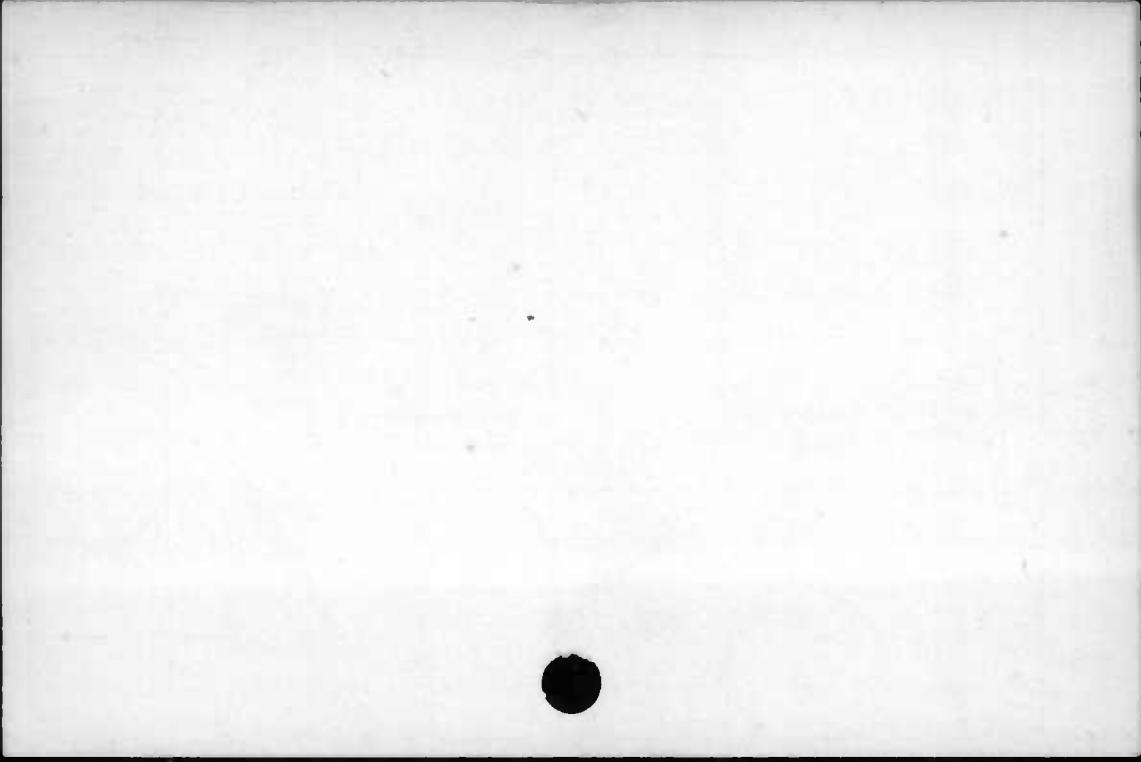
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Drowning.	How long
Immediate "	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician John W. Davis Enon
	Address Annapolis MD
Accident or Suicide	



Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i>		County, <i>Anne Arundel</i>		MARYLAND			
		Date of death <i>1906 Aug.</i>	Month <i>Aug.</i>	Day <i>1st</i>	Age <i>30</i>	Years <i>3</i>	Months <i>5</i>	Days	
		Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Annapolis</i>				
		Occupation _____		Where Residing if not at place of death _____					
		Married, Single or Widowed <i>Divorce</i>	Name of Wife or Husband _____						
		Father's Name <i>Daniel W. Dorsey</i>	Father's Birthplace <i>Annapolis</i>						
		Mother's Maiden Name <i>Elizabeth Redman</i>	Mother's Birthplace <i>Scotland</i>						
Name of person giving information <i>Maud. W. Couleff</i>		How related to deceased <i>Friends</i>							
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	<i>Tuberculosis</i>				How long	<i>Five years.</i>		
	Immediate	<i>Exhaustion</i>				How long	<i>Four days</i>		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Geo. Wells.</i>				
	Yes <i>Yes</i> No <i>No.</i>				Address <i>Annapolis Maryland.</i>				
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Stillborn, not named Simpson

Town *Annapolis* County *St. Anne's*

Died at *Annapolis*

Date of death *1906 Aug. 1* Age *—* Months *—* Days *—*

Sex *female* Color or Race *col* Birth-place *Annapolis*

Occupation *—* Where Residing If not at place of death *30 Washington*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Frank Simpson* Father's Birthplace *Annapolis*

Mother's Maiden Name *Carrie H. Drake* Mother's Birthplace *—*

Name of person giving information *Mother* How related to deceased *etc*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

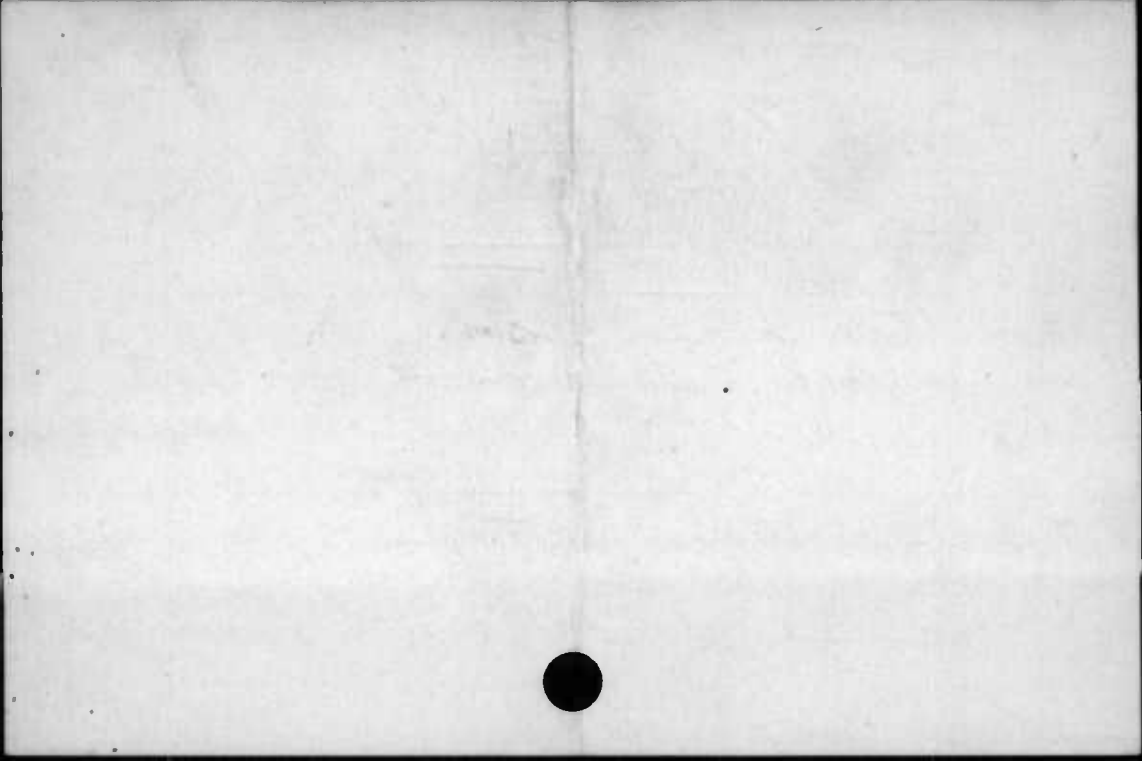
Primary *Premature birth* *(5)* How long *Lived few hours*

Immediate *inanimation* How long *few hours*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *F. H. Thompson M.D.*

Address *Annapolis*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Date

Month

Day

Age

Years

Months

Days

of death 1906

Aug

8

59

Sex

Female

Color or
Race

Colored

Birth-
place

Ind

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of
Husband

John Emmerth

Father's
Name

Titus Blunt

Father's
Birthplace

Ind

Mother's
Maiden Name

Mary Thompson

Mother's
Birthplace

Ind

Name of person giving
information

Sonie Gross

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Apoplexy

How long

3 days

Immediate

Convulsions

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Geo. T. Dent

Churchton

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

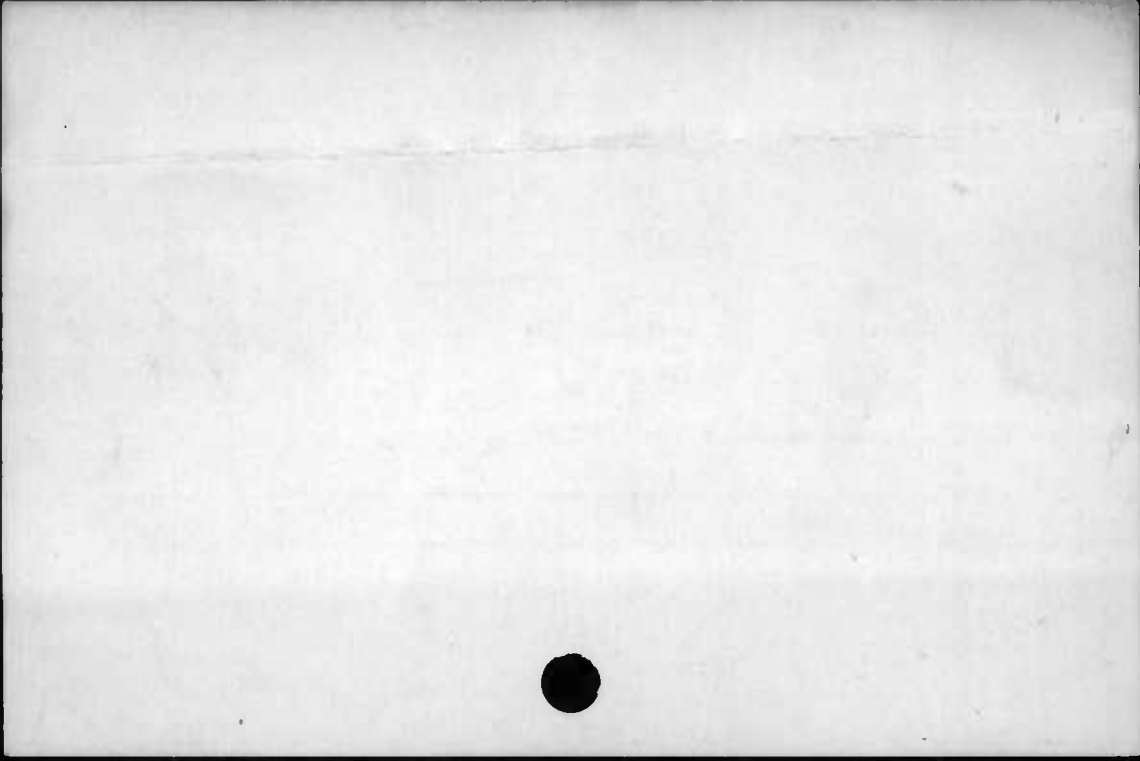
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Terounsvee</i>		Town <i>Terounsvee</i>		County <i>A. A.</i>		MARYLAND	
Date of death <i>1906 Aug.</i>		Month <i>Aug.</i>		Day <i>3</i>		Age <i>33 1/2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>A. A. Co. Md</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>John Stevens</i>				Father's Birthplace <i>A. A. Co</i>			
Mother's Maiden Name <i>Rice King</i>				Mother's Birthplace <i>A. A. Co.</i>			
Name of person giving information <i>Wm H. King</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolic Shock from Heat</i>		How long <i>2 wks -</i>	
Immediate <i>Meningitis</i>		How long <i>12 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. B. Gantt</i>	
		Address <i>Millersville</i>	
Accident or Suicide? <i></i>			



Name
in
Full

John M. Thaler.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug.</i>	Day <i>26</i>	Years <i>19</i>	Months <i>8</i>	Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Clerical Student</i>		Where Residing if not at place of death			
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <i>George J. Thaler</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Sophia Hartel</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Christina</i>			How related to deceased		

CAUSES OF DEATH

Primary

Drowning.

How long

—

Immediate

"

How long

—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John H. Davis
Annapolis Md

Accident or Suicide?



Alexander Nick Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County		MARYLAND	
Date of death	1906	Month	<i>Aug</i>	Day	<i>17</i>	Years	<i>27</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birthplace	<i>A.A.Co. Md</i>
Occupation	<i>Oysterman</i>			Where Residing if not at place of death		<i>Shady Side A.A.Co.</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>AbtrIDGE Davis</i>		
Father's Name	<i>Wm Turner</i>					Father's Birthplace	<i>A.A.Co.</i>
Mother's Maiden Name	<i>Mary Nick</i>					Mother's Birthplace	<i>A.A.Co.</i>
Name of person giving information	<i>J. A. Adams</i>					How related to deceased	<i>Friend</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Drowning</i>	How long	
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm. S. Welch</i>
		Address	<i>Health Officer</i>
Accident or Suicide?	<i>accident</i>		<i>Annapolis</i>



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John H. Wheeler</i>		Town <i>East-Port</i>		County <i>Anne</i>		MARYLAND	
Died at <i>East-Port</i>		Date of death <i>1906 Aug 2</i>		Age <i>6</i>		Months <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>East-Port</i>		Days <i>15</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John H. Wheeler</i>				Father's Birthplace <i>Dorchester Co.</i>			
Mother's Maiden Name <i>Mary L. Lewis</i>				Mother's Birthplace <i>Annapolis Md.</i>			
Name of person giving information <i>John H. Wheeler</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Des Colitis</i>	<i>105</i>	How long <i>Three weeks</i>
Immediate <i>Exhaustion</i>		How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walton A. Hopkins M.D.</i>	
	Address <i>Annapolis Md.</i>	
Accident or Suicide?		

